2000 UNIFORM BUSINESS REPORT (UBR)

02-12-2001 90209 049 ***900.00
FILED P99000033968
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 5:06

[redacted]

REINSTATEMENT — DO NOT WRITE IN THIS SPACE 00-01

DOCUMENT # P99000033968

1. Entity Name
PERMA-FLO, INC.

Principal Place of Business	Mailing Address
1670 TIMBER EDGE DRIVE DELAND FL 32724	1670 TIMBER EDGE DELAND FL 32724

TEL: 904/456-5170
FAX: 904/456-5171

NEW BUSINESS ADDRESS

2. Principal Place of Business	3. Mailing Address
915 DIPLOMAT DR	195 W. BLUE SPRINGS AVE
Suite, Apt. #, etc.: SUITE 106 F	Suite, Apt. #, etc.:
City & State: DeBary FL	City & State: ORANGE CITY, FL
Zip: 32713 Country:	Zip: 32763-6609 Country: USA

4. FEI Number: 59-3572890 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAHAM, ANN Y 1670 TIMBER EDGE DRIVE DELAND FL 32724	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Ann Y Graham
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $850.00 After SEPTEMBER 13, 2000 Min. will be $780.00. Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: JOHN H. GRAHAM STREET ADDRESS: 1670 TIMBER EDGE DR. CITY-ST-ZIP: DELAND FL 32724	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: SECRETARY NAME: ANN Y. GRAHAM STREET ADDRESS: 1670 TIMBER EDGE DR CITY-ST-ZIP: DELAND FL 32724	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Y Graham 10/27/00 904-740-0234
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #

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