SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S50065 (9)

1. Corporation Name

EL/PERR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
836 RIVERSIDE AVE STE - 4 JACKSONVILLE FL 32204 US	836 RIVERSIDE AVE STE - 4 JACKSONVILLE FL 32204 US

2. Principal Place of Business	2a. Mailing Address
21 One Progress Plaza	26 One Progress Plaza
Suite, Apt #, etc: 22 Suite 1210	Suite, Apt #, etc: 27 Suite 1210
City & State: 23 St. Petersburg, FL	City & State: 28 St. Petersburg, FL
Zip: 24 33701 — Country: 25 us	Zip: 29 33701 — Country: 30 US

3. Date Incorporated or Qualified: **05/06/1991**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **59-3076937** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCOTT, STEVEN R
836 RIVERSIDE AVE
SUITE 4
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: George L. Hayes III Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): One Progress Plaza, Suite #1210
83
84 City: St. Petersburg FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: George L. Hayes III Services, Inc. [signature], as President — 6/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	EVERETT, JAMES P	
STREET ADDRESS	836 RIVERSIDE AVE SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	EVERTT, JACQUELINE W	
STREET ADDRESS	836 RIVERSIDE AVE, SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	☒ Change ☐ Addition
1.2 NAME	Everett, James P.	
1.3 STREET ADDRESS	One Progress Plaza, Suite #1210	
1.4 CITY-ST-ZIP	St. Peterbsurg, FL 33701	
2.1 TITLE	Director/Vice President/ Treasurer/Secretary	☒ Change ☐ Addition
2.2 NAME	Everett, Jacqueline W.	
2.3 STREET ADDRESS	One Progress Plaza, #1210	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacqueline W. Everett, Director 813/521-4608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR