

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S74670** (8)

1. Corporation Name

**DENNIS M. PERKINS, INC.**

Principal Place of Business:  
**215 CHARLOTTA AVE SE  
PALM BAY FL 32909**

Mailing Address:  
**215 CHARLOTTA AVE SE  
PALM BAY FL 32909**

DO NOT WRITE IN THIS SPACE

|                                                                                    |                                       |
|------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporation Filed                                                        | 3a. Date of Last Report               |
| <b>08/19/1991</b>                                                                  | <b>04/26/1994</b>                     |
| 4. FIC Number                                                                      | Applied For                           |
| <b>59-3085142</b>                                                                  | Not Applicable                        |
| 5. Certificate of Status Desired                                                   | <b>\$8.75 Additional Fee Required</b> |
| <input type="checkbox"/>                                                           |                                       |
| 6. Election Campaign Financing Trust Fund Contribution                             | <b>\$5.00 May Be Added to Fees</b>    |
| <input type="checkbox"/>                                                           |                                       |
| 8. This corporation has liability for nonpayment of taxes (check one):             |                                       |
| Federal Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21. State Apt. # etc.          | 26. State Apt. # etc. |
| 22. City & State               | 27. City & State      |
| 23. Zip                        | 28. Zip               |
| 24. Country                    | 30. Country           |

9. Name and Address of Current Registered Agent

**MITCHELL, BRUCE A.  
1025 S RIVERVIEW DR  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

|                                                        |                                |
|--------------------------------------------------------|--------------------------------|
| 81. Name                                               | <b>James M. O'Brien</b>        |
| 82. Street Address (P.O. Box Number or Not Applicable) | <b>516 N. Harbor City Blvd</b> |
| 83. City                                               |                                |
| 84. State                                              | <b>FL</b>                      |
| 85. Zip Code                                           | <b>32935</b>                   |

11. I, the undersigned, being a resident of this state and a duly qualified elector, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Department of State for the purpose of recording the same.

Signed At This

*[Signature]*

4/27/95

|                            |                                                      |
|----------------------------|------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | 13. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS |
| NAME                       | NAME                                                 |
| PERKINS, DENNIS M          |                                                      |
| 215 CHARLOTTA AVE SE       |                                                      |
| PALM BAY FL                |                                                      |
| D                          |                                                      |
| PERKINS, KATHERINE G.      |                                                      |
| 215 CHARLOTTA AVE. SE      |                                                      |
| PALM BAY FL                |                                                      |

14. I, the undersigned, being a resident of this state and a duly qualified elector, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Department of State for the purpose of recording the same.

SIGNATURE:

*Katherine G. Perkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

(407) 225-6999