

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

APPROVED
AND
FILED

95 MAY -1 PH 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V00265 ✓

1. Corporation Name:

PERPALL, INC

Principal Place of Business

Mailing Address → 17262 River Isle Circle

JAX, FL 32226

17262 River Isle Circle
Jacksonville, Florida 32226

900001480739

-05/09/95--01079--020

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/16/1991

9-27-94

4. FEI Number

59-3098067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

Perpall, Leon A. III
17262 River Isle Circle
Jacksonville, Florida 32226

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

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

Leon A. Perpall III

Leon A. Perpall III

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP
NAME: Perpall, Leon A. III
STREET ADDRESS: 17262 River Isle Circle
CITY, ST, ZIP: Jacksonville, Florida 32226

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TITLE:
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CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1.1 TITLE:
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY, ST, ZIP:
☐ Change ☐ Addition

2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY, ST, ZIP:
☐ Change ☐ Addition

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:
☐ Change ☐ Addition

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:
☐ Change ☐ Addition

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:
☐ Change ☐ Addition

6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY, ST, ZIP:
☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information included 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. 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Leon A. Perpall III

Leon A. Perpall III

4-27-95

904-696 8800

SIGNATURE AND TYPED OR PRINTED NAME OF BOTHING OFFICER OR DIRECTOR

Date

Daytime Phone