

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005632

**Entity Name:** PERC, INC.

**Current Principal Place of Business:**

153 WEST SHORE ROAD  
GRAND ISLE, VT 95458

**Current Mailing Address:**

P.O. BOX 232  
GRAND ISLE, VT 05458 US

**FEI Number:** 65-0870592

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEIHE, BRUCE  
600 WEST LAS OLAS BLVD.  
SUITE 2203  
FORT LAUDERDALE, FL 33312 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DS  
Name GEAREN, JOHN  
Address 721 ONTARIO ST  
City-State-Zip: OAK PARK IL 60302

Title DIRECTOR  
Name HARKIN, RUTH  
Address 1900 ANCILLA COURT  
City-State-Zip: ALEXANDRIA VA 22307

Title DAT  
Name HYDE, DOUGLAS  
Address 153 WEST SHORE RD  
City-State-Zip: GRAND ISLE VT 95458

Title ASST. SECRETARY  
Name WEIHE, BRUCE A.  
Address 600 WEST LAS OLAS BOULEVARD  
SUITE 2203  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name BOYCE, CHARLOTTE  
Address GENERAL DELIVERY  
City-State-Zip: HOPE TOWN, ELBOW CAY ABACO

Title PD  
Name BALRAM, HEEMA  
Address 1020 ITZEHOE AVENUE NW  
City-State-Zip: PALM BAY FL 32907

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE A. WEIHE

ASSISTANT  
SECRETARY/REGISTERE  
D AGENT

03/14/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date