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Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000012073 (2)

1. Corporation Name
PACHYDERM, INC.



Principal Place of Business
13612 GLEN HARWELL ROAD
DOVER FL 33527

Mailing Address
13612 GLEN HARWELL ROAD
DOVER FL 33527-3822

3. Date Incorporated or Qualified 12/14/1992
3a. Date of Last Report 09/23/1996

2. Principal Place of Business
21 2025 N. Branch Pt.

2a. Mailing Address
26 2025 N. Branch Pt.

4. FEI Number 59-3154414
Applied For Not Applicable

22 Inverness Fl. 34453
City & State

27 Inverness, Fl. 34453
City & State

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

23
Zip 34453 Country

28
Zip 34453 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24
Country

29
Country

6. 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

MULLIN, PAULA A
13612 GLEN HARWELL ROAD
DOVER FL 33527

81 Name Mullin, Paula A.
82 Street Address (P.O. Box Number is Not Acceptable) 2025 N. Branch Pt.
83 Inverness, Florida
84 City
85 Zip Code FL 34453

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 Paula A. Mullin
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POST, KELLY R
STREET ADDRESS 13612 GLEN HARWELL RD
CITY - ST - ZIP DOVER FL 33527

1.1 TITLE D Change Addition
1.2 NAME Post, Kelly R.
1.3 STREET ADDRESS 13612 Glen Harwell Rd.
1.4 CITY - ST - ZIP Dover Fl. 33527

TITLE D
NAME MULLIN, JOHN D
STREET ADDRESS 13612 GLEN HARWELL RD
CITY - ST - ZIP DOVER FL

2.1 TITLE PD Change Addition
2.2 NAME Mullin, John D.
2.3 STREET ADDRESS 2025 N. Branch Pt.
2.4 CITY - ST - ZIP Inverness, Fl. 34453

TITLE STVD
NAME MULLIN, PAUL A
STREET ADDRESS 13612 GLEN HARWELL RD
CITY - ST - ZIP DOVER FL

3.1 TITLE STD Change Addition
3.2 NAME Mullin, Paula A.
3.3 STREET ADDRESS 2025 N. Branch Pt.
3.4 CITY - ST - ZIP Inverness, Fl. 34453

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paula A. Mullin
Signature and typed or printed name of signing officer or director DATE 1-11-97 (352) 637-3103
Daytime Phone #

CR2E034 (9/96)