

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG -3 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 362893

(0)

1. Corporation Name

WALTER D. PRIDE, INC.

~~DBA Pride Electronics of Florida~~

Principal Place of Business

Mailing Address

638 LARKSPUE LANE
PORT ST. LUCIE FL 34983
US

638 LARKSPUE LANE
PORT ST. LUCIE FL 34983
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/20/1970

3a. Date of Last Report

06/10/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1290289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

PRIDE, BETTY
764 RIVER CT
PT ST LUCIE FL 34983

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

PRIDE, WALTER D
458 S E VERADA AVE
PORT ST. LUCIE FL

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

SAME

12 NAME

764 S.E. River Court

13 STREET ADDRESS

14 CITY - ST - ZIP

Port St. Lucie FL 34983

☒ Change

☐ Addition

TITLE

ST

NAME

PRIDE, BETTY J.
458 S E VERADA AVE
PORT ST LUCIE FL

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

SAME

22 NAME

764 S. E. River Court

23 STREET ADDRESS

24 CITY - ST - ZIP

Port St. Lucie FL 34983

☒ Change

☐ Addition

TITLE

V

NAME

PRIDE, WALTER D., JR.
638 LAKESPUR LANE
PT ST. LUCIE FL

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), 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:

Betty J. Pride

Betty J. Pride

7/11/95

407-878-6617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR