

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 382984 (3)
1. Corporation Name
PFFCD, CORP.



Principal Place of Business: **480 A1A BEACH BLVD ST. AUGUSTINE BEACH FL 32084 US**
Mailing Address: **480 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32084 US**

3. Date Incorporated or Qualified: **05/27/1971** 3a. Date of Last Report: **01/17/1995**
4. FEI Number: **59-1351783** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

**SAMPLE JR., PERRY M.
480 A1A BEACH BLVD.
ST AUGUSTINE BEACH FL 32084**

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 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 agent 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAMPLE, PERRY M.		1.2 NAME:
STREET ADDRESS: 480 A1A BEACH BLVD.		1.3 STREET ADDRESS:
CITY-ST-ZIP: ST AUGUSTINE FL		1.4 CITY-ST-ZIP:
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAMPLE, DAVID M.		2.2 NAME:
STREET ADDRESS: 23 DOUBLEDAY LN.		2.3 STREET ADDRESS: 141 HIGH RIDGE AVE
CITY-ST-ZIP: RIDGEFIELD CT		2.4 CITY-ST-ZIP: RIDGEFIELD CT. 06877
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DODD, CHRISTINA S.		3.2 NAME:
STREET ADDRESS: 265 MIDLAND RD.		3.3 STREET ADDRESS:
CITY-ST-ZIP: PINEHURST NC		3.4 CITY-ST-ZIP: 28374
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

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)(k), 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:

Perry M. Sample
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PERRY M. SAMPLE

1/19/96
DATE

904-471-3101
DAYTIME PHONE #

CR2E034 (12/95)