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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 382984

(3)

PPFCD, CORP.

FILED Jun 27 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 480 A1A BEACH BLVD 480 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32084 ST. AUGUSTINE BEACH FL 32 US US						Date Incorporated or Qualified 3a. Date of Last Report 3a. Da			
						 Date Incorporated or 05/27/1971 	Qualified .	3a. Date of Las 01/25/1990	t t
2. Principal	Place of Business	2a. Mailing Address 26			70 17011199			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Search Sear				
City & Sta	ite	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24	25	Z(p)	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Y Yes No 10. Name and Address of New Registered Agent			
SA	 Name and Address of Current MPLE JR., PERRY M. 	Hegistered Agent		81	Name Pa	erry M. Sampl		istered Agent	
480) A1A BEACH BLVD.					iress (P.O. Box Number is Not Acceptable) 120 Country Club Rd. S.			
। ध	AUGUSTINE BEACH FL 32084			83		elbourne, Fl. 32901			
				84	City	TDOUPIE, PI	72.70	95 7	ıp Code
44 Durayan	it to the provisions of Sections 607.0502	and 607 1509 Florida Stat	lutes the ar	YOVO	named core	oration submits this statems	ent for the ni		o its registered
office or agent. I	registered agent, or both, in the State am familia why wro accept the shirta	of Florida. Such change wa: tions of Section 607.0505,	s authorizec Florida Stati	i by utes.	the corporati	ion's board of directors. I ho Sec/Trea ed wher ronsialing)	ereby accep	t the appointment	as registered
12.	Signature, typied or printed name of registered ager OFFICERS AND		OTE: Registered	i Agen	t signature require	ed wher reinstaling) ADDITIONS/CHANGE			ORS IN 12
TITLE	PD	A DELETE	1.1 10	LF				Chang	
NAME	SAMPLE,PERRY M		1.2 NA	ME					
STREET ADDRESS			- 1		ODRESS				
CITY-ST-ZIP TITLE			1.4 Cfl 2 1 T/F	HE PI		n .		X Chang	e Addition
NAME	SAMPLE, DAVID M.	L.J DELETE	22 NA		- 1				
STREET ADDRESS	A CALL MAN DID OF ALPENDE				ADDRESS				
CITY-ST-ZIP	RIDGEFIELD CT		2. 4 CI	11Y-\$1	r-zip				
TETLE	SD	DELETE	3.1 111	TLE	V :	D		X Chang	ge 🔲 Addition
NAME	DODD, CHRISTINA S.		3.2 NA						
STREET ADDRESS	E 265 MIDLAND RD. PINEHURST NC				ADDRESS				
CITY-ST-ZIP	SAMPLE, FRANK T	DELETE	3.4. CI 4.1 TII	ITY-\$1 ILE	T-ZIP)		Chang	ge 🔼 Addition
NAME	3535 207th AVE.	-	4. 2 N		•	•			
1	ISSAQUAH, WA. 98	027			ADORESS				
CITY-SY-ZIP	, , , , , , , , , , , , , , , , , , , ,		4.4 Ci	TY - \$1	- 2(P				.,
TITLE	Sample, Perry M	☐ DELETÉ			SI	r D		Chang	ge 🙀 Addition
NAME	2120 Country Clu	b Rd. S.	5.2 NA						
STREET ADDRESS	Melbourne, Fl. 3	290 1	i i		ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 TO	TY-ST	- ZIP			Chang	e Addition
NAME		Devent.	6.2 NA						_
STREET ADDRESS	s				ADDRESS				
CITY-\$T-ZIP				TY-ST					
4 4 1 3 1 3 1 3 1	The state of the s	1 21 0.1 60 1	all Control			Lin Caption 110 07/2V/V Ela	rida Ctatutos	. I firethor contifu t	ant tha

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 eath; 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 Ripck 13/1 on anged, or on an attachment with an address.

06/20/97 901 171-3101