

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 671413 (3)

1. Corporation Name

LIQUID DYNAMICS, INC.



Principal Place of Business

Mailing Address

295 SR 1563
HAMPSTEAD NC 28443

P.O. BOX 506
HAMPSTEAD NC 28443-0506

3. Date Incorporated or Qualified 05/26/1980	3a. Date of Last Report 05/01/1995
4. FEI Number 56-1282026	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	2a. Mailing Address
21 295 Sloop Pt. Loop Road	26 P.O. Box 506
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hampstead, N.C.	28 Hampstead, N.C.
Zip	Zip
24 28443	29 28443-9110
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J & D OLSEN
3915 BAMBOO TERRACE
SAN RAIMO SHORES
BRADENTON FL 33505

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHEPARD, CAROL BUCHANAN	1.2 NAME	
STREET ADDRESS	102 FIELDCREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPSTEAD NC 28443	1.4 CITY-ST-ZIP	
TITLE	PTD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PACKER, MARTIN RICHARD	2.2 NAME	
STREET ADDRESS	295 SLOOP POINT LOOP ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPSTEAD NC 28443	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN R PACKER APRIL 20/96

Date

Daytime Phone #

CR2E034 (12/95)