

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS AMENDED
DOCUMENT # 671413 1. Corporation Name LIQUID DYNAMICS, INC.		

Principal Place of Business 295 Sloop Point Loop Rd, Hampstead, NC 28443	Mailing Address P.O. Box 506, Hampstead, N.C. 28443
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV -3 PM 12:54

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1980	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 owes the current year Intangible Personal Property. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent
**OLSON, J.
3915 BAMBOO TERRACE
SAN RAMO SHORES
BRADENTON, FL 34210**

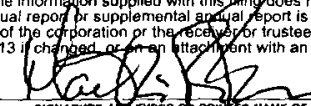
10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Shepard, Carol Buchanan 102 Fieldcrest Dr. Hampstead, NC 28443 ☒ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Packer, Martin Richard 295 Sloop Point Loop Rd. Hampstead, NC 28443 ☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SV Packer, Valerie A. 215 Pelican Walk, Hampstead, NC 28443 ☐ Change ☒ Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	700003045957--5 -11/16/99--01078--006 *****61.25 *****61.25 ☐ Change ☐ Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

14. I 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 in an attachment with an address.

SIGNATURE:  **MARTIN RICHARD PACKER** **Oct 18 1999** **910-270-2737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)