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 # **G02791** **(3)**

1. Corporation Name

PRIMARY RESOURCES, INC.

Principal Place of Business	Mailing Address
125 EAST INDIANA AVENUE E DELAND FL 32724 US	200 WATERS EDGE TRL (32724) P O BOX 2091 DELAND FL 32721

3. Date Incorporated or Qualified: **10/01/1982**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21: 125 West Voorhis Avenue
22: Suite, Apt. #, etc.
23: City & State: DeLand, FL
24: Zip: 32720
25: Country: USA

2a. Mailing Address
26: P.O. Box 2091
27: Suite, Apt. #, etc.
28: City & State: DeLand, FL
29: Zip: 32721
30: Country: USA

4. FEI Number: **59-2251876** ☐ 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

9. Name and Address of Current Registered Agent

BARKHEIMER, MARY JEANNE
200 WATERS EDGE TRAIL
DELAND FL 32724

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent's signature is required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARKHEIMER, MARY JEANNE		1.2 NAME		
STREET ADDRESS	200 WATERS EDGE TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GAW, J KATHLEEN		2.2 NAME		
STREET ADDRESS	2834 CONCORD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HELGESTAD, HELEN		3.2 NAME		
STREET ADDRESS	224 ARAB STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERLAIN, SHERYL		4.2 NAME		
STREET ADDRESS	2165 CROOKED OAK TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	JAMES F. KARLESKINT	
STREET ADDRESS			5.3 STREET ADDRESS	140 SHADY BRANCH TRAIL	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DELAND, FL 32724	
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		

CR2E034 (12/95)

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: Mary Jeanne Barkheimer — 4-18-96 — 904-738-0405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #