

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # **G02791** (3)

1. Corporation Name

PRIMARY RESOURCES, INC.

Principal Place of Business

**125 WEST VOORHIS AVENUE
DELAND FL 32720
US**

Mailing Address

**P.O. BOX 2091
DELAND FL 32721-2091
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BARKHEIMER, MARY JEANNE
200 WATERS EDGE TRAIL
DELAND FL 32724**

3. Date Incorporated or Qualified

10/01/1982

3a. Date of Last Report

04/24/1996

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

10. Name and Address of New Registered Agent

61. Name

62. Street Address (P.O. Box Number is Not Acceptable)

63.

64. City

FL

65.

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
BARKHEIMER, MARY JEANNE
200 WATERS EDGE TRAIL
DELAND FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VS
GAW, J KATHLEEN
2834 CONCORD ROAD
DELAND FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VT
HELGESTAD, HELEN
224 ARAB STREET
DELTONA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
CHAMBERLAIN, SHERYL
2185 CROOKED OAK TRAIL
DELAND FL 32720**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
KARLESKINY, JAMES F.
140 SHADY BRANCH TRAIL
DELAND FL**

☐ 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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

KARLESKINT

14. 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 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 / MARY JEANNE BARKHEIMER

4/20/97

904-738-0405

CR2E034 (9/96)