

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
SAND
SECRETARY
DIVISION OF CORPORATIONS

DOCUMENT # H43828 (3)

1. Corporation Name

PCDI, INC.

Principal Place of Business

P O BOX 667
LYNN HAVEN FL 32444
US

Mailing Address

P O BOX 667
LYNN HAVEN FL 32444
US



3. Date Incorporated or Qualified

02/21/1985

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2517573

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Entry

24

25

29

31

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCAULEY, CARROLL L.
36 OAK AVE.
PANAMA CITY FL 32401

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, this 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GAAL, RICK
STREET ADDRESS 2403 COUNTRY CLUB DR
CITY-ST-ZIP LYNN HAVEN FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6347 Oak Knoll Road
CITY-ST-ZIP Panama City, Florida 32404

TITLE DST ☐ DELETE
NAME GAAL, JUDY G.
STREET ADDRESS 2403 COUNTRY CLUB DR.
CITY-ST-ZIP LYNN HAVEN FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6347 Oak Knoll Road
CITY-ST-ZIP Panama City, Florida 32404

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ DELETE
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Judy G. Gaal

Judy G. Gaal Sec-Treas.

4-26-96

904-872-1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)