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 # **J31667** **(5)**

1. Corporate Name
PRIDEV, INC.

Principal Place of Business
C/O EDWARD L. JOHNSON
2148 NORTH ELLIS ROAD
JACKSONVILLE FL 32205

Mailing Address
C/O EDWARD L. JOHNSON
2148 NORTH ELLIS ROAD
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified: **09/04/1986**
3a. Date of Last Report: **02/17/1995**

4. FEI Number: **59-2722283** ☐ 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
21 | 22 | 23 | 24 | 25

2a. Mailing Address
26 | 27 | 28 | 29 | 30

9. **Name and Address of Current Registered Agent**

JOHNSON, EDWARD L
RIVER CITY PALLET CORPORATION
2148 NORTH ELLIS ROAD
JACKSONVILLE FL 32205

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 Section 607.0505 and 607.1008, 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 | PRINT NAME OF PERSON SIGNING ABOVE | DATE

12. OFFICERS AND DIRECTORS

PD	JOHNSON, ED	☐ DELETE
	2148 ELLIS RD N	
	JACKSONVILLE FL	
VPD	SMITH, HAROLD W	☐ DELETE
	2148 ELLIS RD N	
	JACKSONVILLE FL	
SD	ARMSTRONG, COLIN	☐ DELETE
	2148 ELLIS RD N	
	JACKSONVILLE FL	
		☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named 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 attached sheet with an address.

SIGNATURE: Edward L Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 DATE 904 7817867 DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)