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 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 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 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JOHNSON, ED	
STREET ADDRESS	2148 ELLIS RD N	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	VPD	☐ DELETE
NAME	SMITH, HAROLD W	
STREET ADDRESS	2148 ELLIS RD N	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	SD	☐ DELETE
NAME	ARMSTRONG, COLIN	
STREET ADDRESS	2148 ELLIS RD N	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing, if applicable, and this does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the corporation named in 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 any attached sheet with an address.

SIGNATURE: Edward L Johnson — 1/18/96 — 904 7817867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)