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PROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J31667

(5)

PRIDEV, INC.

Principal Place of Business

NAME

STREET ADDRESS

CITY-ST-ZIP

C/O EDWARD L. JOHNSON 2148 NORTH ELLIS ROAD

Mailing Address

C/O EDWARD L. JOHNSON 2148 NORTH ELLIS ROAD

FILED Mar 27 1998 8:00am Secretary of State



JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/04/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2722283 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 ☐ No 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JOHNSON, EDWARD L RIVER CITY PALLET CORPORATION Street Address (P.O. Box Number is Not Acceptable) 82 2148 NORTH ELLIS ROAD JACKSONVILLE FL 32205 83 85 Zip Code City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE Change Addition JOHNSON, ED NAME 1.2 NAME CR2E034 2148 ELLIS RD N STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE SMITH, HAROLD W NAME 2.2 NAME 2148 ELLIS RD N STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE Addition 3.1 TITLE ARMSTRONG, COLIN NAME 3.2 NAME 2148 ELLIS RD N STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change

6.4 CITY-ST-ZIP 14. I 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 cath; 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.

6.3 STREET ADDRESS

6.2 NAME