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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K76822

(1)

1. Corporation Name

PEC FORT DRUM, INC.

Principal Place of Business

% PAULINE M. FRY
ONE PROGRESS PLAZA P.O. BOX 33042
ST. PETERSBURG FL 33701

Mailing Address

%PAULINE M. FRY
ONE PROGRESS PLAZA P.O. BOX 33042 STE.2800
ST. PETERSBURG FL 33701-4353

3. Date Incorporated or Qualified
03/31/1989

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2949116

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

9. Name and Address of Current Registered Agent

FRY, PAULINE M.
ONE PROGRESS PLAZA
SUITE 2800
ST. PETERSBURG FL 33701

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 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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CRITCHFIELD, JACK B.
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VTD ☐ DELETE
NAME HEINICKA, JEFFREY R
STREET ADDRESS 3201 34TH STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE S ☐ DELETE
NAME HALEY, KATHLEEN M.
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DP ☐ DELETE
NAME BONNER, ROLAND C
STREET ADDRESS 3401-34TH STREET SOUTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE GC ☐ DELETE
NAME STEPHENS, ALBERT H
STREET ADDRESS 3401-34TH STREET SOUTH
CITY-ST-ZIP ST PETERSBURG FL

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen M. Haley, Secretary (813) 824-6531

Date 3/5/97

Daytime Phone

CR2E034 (9/96)