FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:37

DOCUMENT # **M85650** **(3)**

1. Corporation Name
PDI SOUTHEAST, INC.

Principal Place of Business	Mailing Address
94 ROBIN RD. ORANGE PARK FL 32073 US	P.O. BOX 1627 ORANGE PARK FL 32067 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1988
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2961466 ☐ 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

AGNEW, TERRY T.
134 PELICAN REEF DR.
ST. AUGUSTINE FL 32084

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	STATHMAN, JAMES	1.2 NAME		
STREET ADDRESS	2136 TWIN SISTERS RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUISUN CA	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	President	☒ Change ☐ Addition
NAME	LEUCHTEFELD, J.W.	2.2 NAME	Agnew, Terry T.	
STREET ADDRESS	4434 WESTMINISTER PL	2.3 STREET ADDRESS	134 Pelican Reef Drive	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	St. Augustine, FL	
TITLE	VT	3.1 TITLE	Vice-President/Treasurer	☒ Change ☐ Addition
NAME	AGNEW, TERRY T.	3.2 NAME	Luechtefeld, J.W.	
STREET ADDRESS	134 PELICAN REEF DR.	3.3 STREET ADDRESS	4434 Westminster Pl	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Louis, MO	
TITLE	S	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	CLARY, RICHARDT.	4.2 NAME	Ellis, Joseph P.	
STREET ADDRESS	955 FRUITWOOD DR.	4.3 STREET ADDRESS	5745 110th Street	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 asterisk.

SIGNATURE: _____ 2/15/95 (904) 272-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401740 FP