

**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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **M85650** (3)  
1. Corporation Name  
**PDI SOUTHEAST, INC.**

Principal Place of Business Mailing Address  
**94 ROBIN RD.** **P.O. BOX 1927**  
**ORANGE PARK FL 32073** **ORANGE PARK FL 32067**  
**US** **US**



3. Date Incorporated or Qualified **06/14/1988** 3a. Date of Last Report **02/21/1995**  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **94 robin rd**  
22 City & State 27  
23 **Orange Park FL**  
24 Zip 25 Country 29 **32073** 30 Country

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 **Griffin, Michael G.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1132 3rd Avenue S.**  
83  
84 City **Tierra Verde** FL 85 Zip Code **33715**

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 607.0503, Florida Statutes.

SIGNATURE: *Michael Griffin* **Michael Griffin** **4/30/96**  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STATHMAN, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>2136 TWIN SISTERS RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUISUN CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>President / Gm</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGNEW, TERRY T</b>	2.2 NAME	<b>Griffin, Michael G.</b>
STREET ADDRESS	<b>134 PELICAN REEF DRIVE</b>	2.3 STREET ADDRESS	<b>1132 3rd Avenue S.</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	<b>Tierra Verde, FL 33715</b>
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUECHTEFELD, J W</b>	3.2 NAME	
STREET ADDRESS	<b>4434 WESTMINSTER PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, JOSEPH P</b>	4.2 NAME	
STREET ADDRESS	<b>5745 110TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Joseph P. Ellis* **Joseph P. Ellis** **4/30/96** (904) 272-0780  
DATE: \_\_\_\_\_

CR2E034 (12/95)