## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P18034**

1. Corporation Name

PDI REALTY, INC.

		8 8 191 - A distance - A			1		
Principal Place	of Business	Mailing Address					
157 REMINGTON ROAD. SW OANOKE VA 24014		5157 REMINGTON ROAD. SW					
		ROANOKE VA 24014			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					02/16/1988		
3 But it a CD1	loop of Pusiness	2a. Mailing Address			4. FEI Number		pplied For
z. Principal Pli T	lace of Business	26			54-1201188		lot Applicable
1	# ata	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
Suite, Apt.	#, etc.	27			5. Centificate of Status Desired	Fee r	Required
2		City & State			6. Election Campaign Financing		May Be
City & State	a	28			Trust Fund Contribution	Added	to Fees
3	Country #	Zip	Cor	untry	8. This corporation owes the curr	ent year Intangible	-
Zip		<b>⊢</b> '	30		Personal Property Tax.	∐ Yes	□No
4	25	Pagistered Agent	100		10. Name and Address of New F	Registered Agent	
	9. Name and Address of Current	Kegistered Agont		81 Name		•	
ALEV	VANDER SALLIES				/D.O. Boy Number in Not Accept	able)	
ALEXANDER, SALLIE S.				82 Street Add	ress (P.O. Box Number is Not Accept	acio,	4 - 19 <u>1   4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -</u>
86 S SEWALL'S POINT ROAD STUART FL 34996				83			\$ 1 2 2 3 1 3
510/	AMI FL 34990			"	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		i jugi signilisi <u>.</u>
				84 City	a gar conserved deposits of	FI 85 Zi	p Code ""
		- <u></u>			to the statement for the		its registered
11. Pursuant office or agent. I a	t to the provisions of Sections 607.0502 registered agent, or both, in the State of arm familiar with, and accept the obligati	of Florida. Such change was a lions of, Section 607.0505, Florida.	authorize orida Sta	ed by the corporati atutes.	on's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE		Lend title if applicable (NOT	E: Registen	ed Agent signature requin	ed when reinstating)	DATE	
40	Signature, typed or printed name of registered agent OFFICERS ANI	1 4114	13		ADDITIONS/CHANGES TO OF		
12.	· · · · · · · · · · · · · · · · · · ·	DELETE	1.1	TITLE	2011 88	Chang	e 🗌 Addition
TITLE	PD DATRICIA CLIE C	_	1,2	NAME	Ç. ,		
NAME	POINTS, PATRICIA SUE S.			STREET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	ROANOKE VA		1	1			<u> </u>
TITLE	<del></del>	□ DELETE	1.4	CITY-ST-ZIP		Chang	ge [ Addition
NAME	STD	☐ DELETE	1,4	CITY-ST-ZIP		. Chang	ge \[ \] Addition
	STD STAPLETON, BRUCE M.	☐ DELETE	1.4 2.1 2.2	CITY-ST-ZIP TITLE NAME		. Chang	ge
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	STD STAPLETON, BRUCE M. s 3411 BOY SCOUT ROAD	☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1	CITY-ST-ZIP TITLE RAME STREET ADDRESS 4 CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE	STD STAPLETON, BRUCE M. 3411 BOY SCOUT ROAD ASHLAND KY 41102 VD		1.4 2.1 2.2 2.3 2.4 3.1 3.2	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME			
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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 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, with all other like empowered.

5.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90031 049 \*\*\*150.00