

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000061713 (2)

1. Corporation Name

PRIDEC PROMOTIONS, INC.



Principal Place of Business

513 OAKWOOD BLVD
OLDSMAR FL 34677

Mailing Address

513 OAKWOOD BLVD
OLDSMAR FL 34677

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VARNEY, CYNTHIA
513 OAKWOOD BLVD
OLDSMAR FL 34677

3. Date Incorporated or Qualified

08/30/1993

3a. Date of Last Report

07/07/1995

4. FLS Number

59-3238755

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

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 607.0500 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 607.0500, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P

VARNEY, CYNTHIA
513 OAKWOOD BLVD
OLDSMAR FL 34677

☐ DELETE

12.2 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ST

ROBINSON, ALICE
513 OAKWOOD BLVD
OLDSMAR FL 34677

☐ DELETE

12.3 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.4 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.5 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.6 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

☐ Change ☐ Addition

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

☐ Change ☐ Addition

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

☐ Change ☐ Addition

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

☐ Change ☐ Addition

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

☐ Change ☐ Addition

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-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)(b), 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

4/5/96

813/855-1642

CR2E034 (12/95)