

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P94000037430 (3)**

1. Corporation Name

**P.A.C. INVESTIGATIVE AGENCY, INC.**

**500001897175**  
**-07/17/96--01090--036**  
**\*\*\*225.00**

Principal Place of Business

Mailing Address

**3404 Yule Tree Dr.  
Edgewater, Fl. 32141**

**P.O. BOX 806  
Edgewater, Fl. 32132**

2. Principal Place of Business

**21 3404 Yule Tree Dr.**

State Apt # etc

**22**

City & State

**23 Edgewater, Fl**

Zip

**24 32141**

Country

**25 Volusia**

2a. Mailing Address

**26 P.O. BOX 806**

State Apt # etc

**27**

City & State

**28 Edgewater, Fl.**

Zip

**29 32132**

Country

**30 Volusia**

3. Date Incorporated or Qual. Fed

**05/16/94**

3a. Date of Last Report

**03/27/95**

4. FEIN Number

**59-3242009**

Applied For

**12 / Application**

5. Certificate of Status Desired

**\$8.75 Additional**

**Fee Required**

6. Election of Single or Plural Class of  
Trust For a Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible taxes under Fla. Stat. § 218.02  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**William J. Courtemanche  
P.O. BOX 806  
Edgewater, Fl. 32132**

81 Name

**William J. Courtemanche**

82 Street Address (P.O. Box Number is Not Acceptable)

**3404 Yule Tree Dr.**

83

**P.O. BOX 806**

84 City

**Edgewater,**

**FL**

85 Zip Code

**32141**

11. Pursuant to the provisions of Sections 607.06(2) and 607.11(1)(b), 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 607.06(2), Florida Statutes.

SIGNATURE

**William J. Courtemanche**

**President/CEO 07/12/96**

12. OFFICERS AND DIRECTORS

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | P/CEO                       | <input type="checkbox"/> DELETE            |
| NAME           | Courtemanche, William       |                                            |
| STREET ADDRESS | 3404 Yule Tree Dr.          |                                            |
| CITY, ST, ZIP  | Edgewater, Fl. 32141        |                                            |
| TITLE          | DVT                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | Stultz, William             |                                            |
| STREET ADDRESS | 1005 N. Dixie Freeway       |                                            |
| CITY, ST, ZIP  | New Smyrna Beach, Fl. 32168 |                                            |
| TITLE          | DV                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | Osterman, Mark              |                                            |
| STREET ADDRESS | 1005 N. Dixie Freeway       |                                            |
| CITY, ST, ZIP  | New Smyrna Beach, Fl. 32168 |                                            |
| TITLE          | DS                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | Carmody, Timothy            |                                            |
| STREET ADDRESS | 1005 N. Dixie Freeway       |                                            |
| CITY, ST, ZIP  | New Smyrna Beach, Fl. 32168 |                                            |
| TITLE          | D                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | Osterman, Janice            |                                            |
| STREET ADDRESS | 1005 N. Dixie Freeway       |                                            |
| CITY, ST, ZIP  | New Smyrna Beach, Fl. 32168 |                                            |
| TITLE          | D                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | Evans, Mark                 |                                            |
| STREET ADDRESS | 1005 N. Dixie Freeway       |                                            |
| CITY, ST, ZIP  | New Smyrna Beach, Fl. 32168 |                                            |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                         |
|--------------------|-----------------------|-------------------------------------------------------------------------|
| 11.101             | P/CEO                 | <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| 12. NAME           | Courtemanche, William |                                                                         |
| 13. STREET ADDRESS | 3404 Yule Tree Dr.    |                                                                         |
| 14. CITY, ST, ZIP  | Edgewater, Fl. 32141  |                                                                         |
| 15.101             |                       | <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| 16. NAME           | Resigned              |                                                                         |
| 17. STREET ADDRESS |                       |                                                                         |
| 18. CITY, ST, ZIP  |                       |                                                                         |
| 19.101             |                       | <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| 20. NAME           | Resigned              |                                                                         |
| 21. STREET ADDRESS |                       |                                                                         |
| 22. CITY, ST, ZIP  |                       |                                                                         |
| 23.101             |                       | <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| 24. NAME           | Resigned              |                                                                         |
| 25. STREET ADDRESS |                       |                                                                         |
| 26. CITY, ST, ZIP  |                       |                                                                         |
| 27.101             |                       | <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| 28. NAME           | Resigned              |                                                                         |
| 29. STREET ADDRESS |                       |                                                                         |
| 30. CITY, ST, ZIP  |                       |                                                                         |
| 31.101             |                       | <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| 32. NAME           | Resigned              |                                                                         |
| 33. STREET ADDRESS |                       |                                                                         |
| 34. CITY, ST, ZIP  |                       |                                                                         |
| 35.101             |                       | <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> ADD |
| 36. NAME           | Resigned              |                                                                         |
| 37. STREET ADDRESS |                       |                                                                         |
| 38. CITY, ST, ZIP  |                       |                                                                         |

14. I hereby certify that the information supplied above is true and correct to the best of my knowledge and belief. I am familiar with and accept the obligations of Section 607.06(2), Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.06(2), Florida Statutes.

**SIGNATURE: William J. Courtemanche/Pres. 07/12/96 904/423-5616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)