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

DOCUMENT # P95000015221 (1)

1. Corporation Name
PRIDE CONTRACTORS, INC.

Principal Place of Business	Mailing Address
6113 LIANALEE DRIVE JACKSONVILLE FL 32234	6113 LIANALEE DRIVE JACKSONVILLE FL 32234

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report:
4. FEI Number: 59-3296974 — 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
21 6119 Liana Lee Drive
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 6119 Liana Lee Drive
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name: Ronald W. Maxwell, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 4811 Atlantic Boulevard, Suite 4
83
84 City: Jacksonville, FL 85 Zip Code: 32207-2129

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 [signature] 4-17-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	BROWN, BARBARA L	
STREET ADDRESS	6113 LIANALEE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Arnold, Wallace E., Jr.	
1.3 STREET ADDRESS	6119 Liana Lee Drive	
1.4 CITY-ST-ZIP	Jacksonville, FL 32234	
2.1 TITLE	V/P	☐ Change ☒ Addition
2.2 NAME	Lessig, Verdie M.	
2.3 STREET ADDRESS	6119 Liana Lee Drive	
2.4 CITY-ST-ZIP	Jacksonville, FL 32234	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Arnold, Audrey J.	
3.3 STREET ADDRESS	6119 Liana Lee Drive	
3.4 CITY-ST-ZIP	Jacksonville, FL 32234	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

6/17-96

CR2E034 (12/95)

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: X [signature] 5/22/96 (904)289-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #