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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000021862 (3)

PAMDON, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
l 						•••	
89 CEDAR S St. AUGUST		89 CEDAR ST. ST. AUGUSTINE FL 32084					
on mooding re accor		OF ADOUGHNE FE SECON			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					03/07/1996		
2. Principal Place of Business		2a, Mailing Address			4. FEI Number Applied For		
21		26			59-3379339 Not Appl	icable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additio		
City & State		Cta R State			Fee Required		
 `		City & State			6. Election Campaign Financing \$5.00 May B		
23 Zip	Country	28]	_ 4		Trust Fund Contribution		
24	25	<u></u>	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes No	9	
29	g. Name and Address of Currer		501		Personal Property Tax due June 30. Y Yes No 10. Name and Address of New Registered Agent		
EIS	SHER, PEGGY A		81	Name	10, Maine and Address of New Hogisteles Agent	-	
	CEDAR ST.						
	. AUGUSTINE FL 32084		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
•			83				
			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abov	e-named co	progration submits this statement for the purpose of changing its regis	tered	
office or a	regi ste red agent, or both, in the State am fam iliar with, and accept the oblig	rof Florida. Such change was au ations of, Section 607,0505. Flori	ithorized by ida Statute:	y the corpor: s	ration's board of directors. I hereby accept the appointment as registe	ered	
SIGNATURE							
OIGHT TO TE	Signature, typod or printed name of registered agr	on and ble if applicable (NOTE	Registered Age	ent signature req	quired when reinstating) DATE	,	
_12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	$\overline{}$	
TITLE	SIGNED DECOVA	☐ DELET E	1.1 THILE		☐ Change ☐ A	ddition	
NAME	FISHER, PEGGY A 89 CEDAR ST.		1.2 NAME			- 13	
STREET ADDRESS	OT ALIQUICTINE EL 20084		1.3 STREET			į į	
CITY-ST-ZIP TITLE	PST PST	DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP		<u></u>	
NAME	CIÓNED DECON Y				L_] Change L_] A	ddition	
STREET ADDRESS	AN CEDAD OF		2.2 NAME	1000000			
CITY-ST-ZIP	ST. AUGUSTINE FL		2.3 STREET 2.4 City-1			Ì	
TITLE	D	DELETE	31 TITLE	51-ZIP	☐ Change ☐ A	ddition	
NAME	PISHER, ROBERT D		3.2 NAME				
STREET ADDRESS	89 CEDAR ST		3.3 STREET	ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL		3.4. CITY - 3			1	
TITLE	V	DELETE	4.1 TITLE		☐ Change ☐ Ai	ddition	
NAME	FISHER, ROBERT D		4. 2 NAME		- · · -	Ì	
STREET ADDRESS	89 CEDAR ST		4.3 STREET	ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY - S	1- ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ A	ddition	
NAME			5.2 NAME		75		
STREET ADDRESS	5.33		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	9'0	る	
TITLE		☐ DELETE	6.1 TITLE	1		ddition	
NAME			6.2 NAME		-04/23/9801036008	-	
STREET ADDRESS			6.3 STREET	address	***150.00		
CITY-ST-ZIP			6.4 CITY - S	T - ZIP			

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 supply nental annual report is true and excurate 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 of the cor