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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000029581 (1)

PRIMITIVE ENTERPRISES, INC.

Principal Place of Business Mailing Address				·····		STEAC HOLD AND FALLE DISTRIBUTED THE	
3953 S US 1 FT PIERCE FL 34982		3963 S US 1 FT PIERCE FL 34982-8623					
					3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	_
21		26			65-0672061	Not Applicabl	le
Suite Apt :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 } Ζφ	Country		Country	,	Trust Fund Contribution		_
24	25	29	30	,	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes DNo	
==1	9. Name and Address of Curre		1001		10. Name and Address of New Re		
EVAN	IS, H. TODD		81	Name	· ·		
3953	S US 1		62	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
FT PIERCE FL 34982					ress (r.c. box realiber is real neceptab		
			63		······································		
			84	- "		FL 85 Zip Code	
office or re	o the provisions of Sections 607.05 egistered agent, or both, in the Star m familiar with, and accept the obli	te of Florida. Such change was	authorized by	y the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	d .
	Signature, typed or printed name of registered a	······································		ent signature requi	red when reinstating)	DATE	-
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		_
TITLE	D Evans, H. Todd	☐ DELETE	1.1 TITLE			Change Additio	'n
NAME	3953 S US 1		1.2 NAME				
STREET ADDRESS	FT PIERCE FL 34982			ADDRESS			
CHY-SI-ZIP MLE	D	DELETE	14 CITY-1	ST - ZIP		Change Additio	าก
NAME	EVANS, TERI T		22 NAME			that the grant that the	
STREET ADDRESS	3953 S US 1			ADDRESS			
City-St-7P	FT PIERCE FL 34982		2 4 CITY-				
THLE		DELETE	3.1 TITLE			☐ Change ☐ Additio	n
NAME			32 NAME				
STREET ADDRESS			3 3 STREE	T ADDRESS			
C(TY-S1-ZiP			3.4. CITY-	ST-ZIP			
TIFLE		DELETE	4.1 TITLE			☐ Change ☐ Additio	H
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CHY-SI-ZIP		☐ DELETE	4.4 CiTY - 8	SY-ZIP		Change Additio	
TITLE			51 TITLE			Cuange C Additio	ш
NAME etocct appocee			5.2 NAME	T ADDRESS			
STREET ADDRESS				T ADDRESS			
CITY -ST - ZIP THILE		☐ DELETE	5.4 City - 5 6.1 TiTLE	DI-ZIF		Change Additio)N
NAME			6.2 NAME				
STHEET ADDRESS			63 STREET	ADDRESS			
CITY - ST - ZIF			6.4 CiTY-5				
14. I do hereb	y certify that the information suppli	ed with this filing does not qual	fy for the exe	mption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
Lam an of	n indicated on this annual report or ficer or director of the corporation in Block 12 or Block 13, if changed,	or the receiver or trustee empoy	vered to exec	urate and that cute this repo	t my signature shall have the same lega rt as required by Chapter 607, Florida S	enect as it made under bath; the latules; and that my name	al

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

561-465-0101

FILED

May 07 1997 8:00am

Secretary of State

Daytime Phone #

30F034 (9/9K)