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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000035034 (3)**

1. Corporate Name
P.F.M. TRANSFER INC.

Principal Place of Business
15 OCEAN WAY
ST. AUGUSTINE FL 32084

Mailing Address
15 OCEAN WAY
ST. AUGUSTINE FL 32084-4655

3. Date Incorporated or Qualified: **04/23/1996**
3a. Date of Last Report:

2. Principal Place of Business — 21: Suite, Apt. #, etc — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: 59 3391836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X **$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 X No

9. Name and Address of Current Registered Agent

KILE, ANTHONY G
15 OCEAN WAY
ST. AUGUSTINE FL 32084

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 607.0502 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: Anthony G. Kile Anthony G. Kile 3/14/97
(Type or print name of person signing and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KESLINKE, JOHN G	1.2 NAME	
STREET ADDRESS	472 N. EDGEWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODALE IL 60191	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KESLINKE, ANTHONY	2.2 NAME	
STREET ADDRESS	843 SAN SIMEON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD CA 94518	2.4 CITY-ST-ZIP	
TITLE	D X DELETE	3.1 TITLE	Sect/Treo X Change ☐ Addition
NAME	LEONARD, ANTOINETTE	3.2 NAME	DONALD, SMITH
STREET ADDRESS	24 SEA PARK DR.	3.3 STREET ADDRESS	2050 CLOVERDALE
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	PALM COAST, FL. 32137
TITLE	☐ DELETE	4.1 TITLE	Director ☐ Change X Addition
NAME		4.2 NAME	KILE, Anthony G.
STREET ADDRESS		4.3 STREET ADDRESS	15 OCEAN WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST Augustine, FL 32084
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Anthony G. Kile 3/14/97 904 829 3324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #