

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
96 MAY 10 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23668** (7)
1. Corporation Name
PAMECO CORPORATION



Principal Place of Business Mailing Address
TAX DEPT **TAX DEPT**
1000 CENTER PLACE **1000 CENTER PLACE**
NORCROSS GA 30093 **NORCROSS GA 30093**
US **US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **03/31/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **51-0287654** 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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature typed or printed name of registered agent and state of application (Title: Registered Agent, signed, stamped, and recorded)

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input checked="" type="checkbox"/> DELETE
NAME	ESHER, BRIAN R	
STREET ADDRESS	1000 CENTER PL	
CITY - ST - ZIP	NORCROSS GA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ASKREN, JAMES D, II	
STREET ADDRESS	1000 CENTER PL	
CITY - ST - ZIP	NORCROSS GA	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KALLGREN, THEODORE R	
STREET ADDRESS	1000 CENTER PL	
CITY - ST - ZIP	NORCROSS GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CDM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Gerald V. Gurbacki	
3. STREET ADDRESS	1000 Center Place	
4. CITY - ST - ZIP	NORCROSS, GA 30093	
5. TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Charles A. Sorrentino	
7. STREET ADDRESS	1000 Center Place	
8. CITY - ST - ZIP	NORCROSS, GA 30093	
9. TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Theodore R. Kallgren	
11. STREET ADDRESS	1000 Center Place	
12. CITY - ST - ZIP	NORCROSS, GA 30093	
13. TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Mary M. McCulley	
15. STREET ADDRESS	1000 Center Place	
16. CITY - ST - ZIP	NORCROSS, GA 30093	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		

Jr 5-10-96

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****225.00 ****225.00

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: *Mary M. McCulley* Mary M. McCulley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)