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95 MAY -1 AM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L98888** (5)

1. Corporation Name:
PARAGON HOMEBUILDERS, INC.

Principal Place of Business:
**2580 85TH COURT
VERO BCH FL 32966
US**

Mailing Address:
**2580 85TH COURT
VERO BCH FL 32966
US**

(PLEASE WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 09/06/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0224475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has authority for participation by members in Florida Statutes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2. Principal Place of Business: 21	2a. Mailing Address: 26
3. Date: Apt #, etc. 22	3a. Date: Apt #, etc. 27
4. City & State: 23	4. City & State: 28
5. City: 24	5. City: 29
6. State: 25	6. State: 30

9. Name and Address of Current Registered Agent

**MCCRACKEN, P. SCOTT
180 SPRINGLINE DR
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name: **MCCRACKEN P. SCOTT**
82 Street Address (P.O. Box Number is Not Acceptable): **1425 18 AVE S.W.**
83
84 City: **VERO BEACH** FL 85 Zip Code: **32962**

11. Pursuant to the provisions of Sections 607.06(1) and 607.06(2), 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 authorization as registered agent. I am familiar with and accept the provisions of Sections 607.06(1) and 607.06(2), Florida Statutes.

SIGNATURE: *P. Scott McCracken* 4-30-95

12. OFFICERS AND DIRECTORS

1. TITLE: P	NAME: MCCRACKEN P. SCOTT
2. STREET ADDRESS: 180 SPRINGLINE DR	3. CITY: VERO BEACH FL
4. TITLE: V	NAME: MACCONNELL, THOMAS C
5. STREET ADDRESS: 2580 85TH CT	6. CITY: VERO BEACH FL
7. TITLE:	NAME:
8. STREET ADDRESS:	9. CITY:
10. TITLE:	NAME:
11. STREET ADDRESS:	12. CITY:
13. TITLE:	NAME:
14. STREET ADDRESS:	15. CITY:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: P	NAME: MCCRACKEN P. SCOTT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 1425 18 AVE S.W.	3. CITY: VERO BEACH, FL. 32963	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS:	6. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS:	9. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS:	12. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and that I am qualified for the registration stated in Section 13.01(2)(b), Florida Statutes. I further certify that the information included on the attached 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 treasurer or another person responsible for providing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 12 of the report or supplemental report with an address.

SIGNATURE: *P. Scott McCracken* 4-30-95 407 569-2257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR