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**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 674522 (8)

PADDOCK, INC.

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**FILED** Aug 20 1997 8:00am Secretary of State

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| Principal Place of Business Mailir                        |   |                              | ailing Address   |  |               |                                       |                      |  |                          |                            |                                |        |
|---|---|------------------------------|--|--|---------------|---------------------------------------|----------------------|--|--------------------------|----------------------------|--------------------------------|--------|
| 227 FRENCH LANDING DR.<br>SUITE 100<br>NASHVILLE TN 37228 |   | \$                           | 227 FRENCH LANDING DR.<br>SUITE 100<br>NASHVILLE TN 37228-1605 |  |               |                                       |                      |  |                          |                            |                                |        |
|   |   |                              |  |  |               |                                       |                      | Date Incorporated or Qualified     06/23/1980                                    |                          | ate of Last<br>/18/1996    | Report                         |        |
| 2. Principal  | Place of Busin                              | 1088                         | 28   | . Mailing Address  |               |                                       |                      | 4. FEI Number  | 4                        |                            | \pplied For                    | 1      |
| 21  |   |                              | 26   |  |               |                                       |                      | 59-2189201   |                          |                            | lot Applicable                 | .]     |
| Suite, Ap   | t. #, etc.                                  |                              | 27   | Suite, Apt. #, etc.  |               |                                       |                      | 5. Certificate of Status Desired   |                          |                            | Additional<br>Required         |        |
| City & Sta<br>23  | ate   |                              | 28   | City & State   |               |                                       |                      | Election Campaign Financing     Trust Fund Contribution                          |                          |                            | May Be                         |        |
| Zip   |   | Country                      |  | <b>Z</b> ip  | Cou           | Country                               |                      | 8. This corporation has liability for  | intangible               | e tax under                | s. 199.032,                    | _      |
| 24  |   | 25                           | 29   | ·  | 30            |                                       |                      |  |                          | □ No                       |                                |        |
|   |   | and Address of Cu            | rrent Regi   | stered Agent   |               |                                       |                      | 10. Name and Address of New Re   | gistered                 | Agent                      |                                | ]      |
|   |   | TION SYSTEM                  |  |  |               | 81                                    | Name                 |  |                          |                            |                                |        |
| 1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324           |   |                              |  | 82   | Street Addr   | ress (P.O. Box Number is Not Acceptat | ole)                 |  |                          | 1                          |                                |        |
|   |   |                              |  |  |               | 83                                    |                      |  |                          |                            |                                | 7      |
| ý   |   |                              |  |  |               | B4                                    | City                 |  | FL                       | B5 Zip                     | Code                           |        |
| office or   | registered ag                               | iont, or both, in the S      | tate of Flori  | 507.1508, Florida Statu<br>ida. Such change was<br>of, Section 607.0505, F | authorize     | d by                                  | the corporat         | poration submits this statement for the points board of directors. I hereby acce | ourpose of<br>of the app | of changing<br>pointment a | its registered<br>s registered |        |
| SIGNATURE   |   |                              |  | .,   |               |                                       |                      |  |                          |                            |                                |        |
|   |   | or printed name of registere |  |  | TE: Registere | a Age                                 | ent signature requir | ed when reinstaling)   | DATE                     |                            |                                | 』_     |
| 12.   |   | OFFICERS                     | and dire   |  | 13.           |                                       | - <del></del>        | ADDITIONS/CHANGES TO OFFIC   | ERS AN                   |                            |                                | 96/6)  |
| TITLE   | P   |                              |  | DELETE   | : 1.1 Ti      |                                       |                      |  |                          | ☐ Change                   | ☐ Addition                     |        |
| NAME  |   | Y, RICHARD R                 |  |  | 1.2 N         |                                       |                      |  |                          |                            |                                | R2E034 |
| STREET ADORESS  | 4211 YU                                     | NGE ST, #200                 | DANIADA I  | HADAL A  |               |                                       | ADORESS              |  |                          |                            |                                | 三河     |
| CITY-ST-ZIP   |   | ORK, ONTARIO,                | JANAUA I   | MZPZA-9  DELETE  |               |                                       | T-ZIP                |  |                          |                            | 4448                           |        |
| TITLE<br>NAME   | VP  | DONALD                       |  |  | 2.1 71        |                                       |                      |  |                          | ∐ Change                   |                                | 1      |
|   | BOGART, RONALD J<br>ss 4211 YONGE ST., #200 |                              |  |  | 2.2 N         |                                       | 4000000              |  |                          |                            |                                |        |
| STREET ADDRESS  |   | (ORK, ONTARIO, I             | ANADA I  | MODON O  |               |                                       | ADDRESS              |  |                          |                            |                                |        |
| CITY-ST-ZIP<br>TITLE                                      | וויייייייייייייייייייייייייייייייייייי      | IONA, OHIANIO, I             | JAHADA I   | DELETE   | 2.4 C         |                                       | ST-ZIP               |  |                          | Change                     | Addition                       | 1      |
| NAME  |   |                              |  | Emily State (p.  | 3.2 N/        |                                       |                      |  |                          | Onlings                    |                                |        |
| STREET ADDRESS  | :   |                              |  |  |               |                                       | ADDRESS              |  |                          |                            |                                |        |
| CITY-ST-ZIP   |   |                              |  |  |               |                                       | ST-ZIP               |  |                          |                            |                                |        |
| TITLE   | <del></del>                                 |                              |  | DELETE   | 4111          |                                       | 71 - 24              |  |                          | Change                     | Addition                       | 1      |
| NAME  |   | 1                            |  |  | 4 2 N         | AME                                   | 1                    |  |                          |                            |                                |        |
| STREET ADDRESS  | :   | Í                            |  |  | 4 3 S1        | REET                                  | ADDRESS              |  |                          |                            |                                |        |
| CITY-ST-ZIP   |   | ı                            |  |  | 4.4.C         | TY-S                                  | t- ZIP               |  |                          |                            |                                |        |
| TITLE   |   |                              |  | ☐ DELETE   | 5.1 70        |                                       |                      |  | <del></del>              | Change                     | Addition                       | 1      |
| NAME  |   |                              |  |  | 5.2 NA        | AME                                   |                      |  |                          |                            |                                |        |
| STREET ADDRESS  |   |                              |  |  | 5.3 ST        | REET                                  | ADDRESS              |  |                          |                            |                                |        |
| CITY-ST-ZIP   |   |                              |  |  | 5.4 CI        | TY-51                                 | T - ZIP              |  |                          |                            |                                |        |
| TITLE   |   |                              |  | DELETE   | 6.1 11        | I E                                   |                      |  |                          | ☐ Change                   | Addition                       | 1      |
| NAME  |   |                              |  |  | 6.2 NA        | ME                                    |                      |  |                          |                            |                                |        |
| STREET ADORESS  |   |                              |  |  | 6.3 ST        | REET                                  | ADDRESS              |  |                          |                            |                                |        |
| CITY-ST-ZIP   | <u> </u>                                    |                              |  |  | 6.4 CI        | IY-\$1                                | T- ZIP               |  |                          |                            |                                | 1      |

14. I do 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 truster employers 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 extension that my name appears in Block 12 or Block 13 if changed.