FILE NOW: FILING FEE AFTER MAY 1 IS $325.00

CORPORATION ANNUAL REPORT **1995**

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **290680** **(8)**

1. Corporate Name

PADDLEWHEEL QUEEN INC

Principal Place of Business

ROUTE 2 BOX 459 A
HIGHLANDS NC 28741

Mailing Address

ROUTE 2 BOX 459 A
HIGHLANDS NC 28741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/09/1995	04/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 7590 N.W. 29th. st.	Suite, Apt. #, etc. 27 7590 N.W. 29th. st.
City & State 23 MARGATE, FLA	City & State 28 MARGATE, FLA.
Zip 24 33063 County 25 U.S.A.	Zip 29 33063 County 30 U.S.A.

4. FEI Number **59-1061490** ☐ 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	10. Name and Address of New Registered Agent
COLYER,BRUCE H C/O PHILIP M. WARREN 3350 E. ATLANTIC BLVD. POMPANO BEACH, FL FL 33062	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 the date signed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☑ Change ☐ Addition
NAME	COLYER, ANNETTE	12 NAME	
STREET ADDRESS	ROUTE 2 BOX 459A	13 STREET ADDRESS	7590 N.W. 29th. st.
CITY-ST-ZIP	HIGHLANDS, NC.	14 CITY-ST-ZIP	MARGATE, FLA. 33063
TITLE	PD	21 TITLE	☑ Change ☐ Addition
NAME	COLYER, BRUCE H	22 NAME	
STREET ADDRESS	ROUTE 2 BOX 459A	23 STREET ADDRESS	7590 N.W. 29th. st.
CITY-ST-ZIP	HIGHLANDS, NC.	24 CITY-ST-ZIP	MARGATE, FLA. 33063
TITLE	ST	31 TITLE	☑ Change ☐ Addition
NAME	COLYER,BRUCE H.	32 NAME	
STREET ADDRESS	ROUTE 2 BOX 459A	33 STREET ADDRESS	7590 N.W. 29th. st.
CITY-ST-ZIP	HIGHLANDS, NC.	34 CITY-ST-ZIP	MARGATE, FLA. 33063
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

305-735-2455
704 526 4351

SIGNATURE: Bruce H. Colyer - BRUCE H. COLYER 4-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/1995 FP