FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **465832** **(4)**

NC 12-1-95 AEB

1. Corporation Name

SOUTHLAND MANAGEMENT COMPANY

NAME change to Paracen Capital Company

Principal Place of Business
~~2327 Nela Avenue~~
~~6220 S ORANGE BLOSSOM TR S-160~~
ORLANDO FL 32809

Mailing Address
~~2327 Nela Avenue~~
~~6220 S ORANGE BLOSSOM TR S-160~~
ORLANDO FL 32809

2. Principal Place of Business
21 2327 Nela Avenue
22 Suite, Apt. #, etc.
23 ~~Orlando~~ Orl. Fla
24 Zip 32809 25 Country

2a. Mailing Address
26 2327 Nela Avenue
27 Suite, Apt. #, etc.
28 Orlando Fla
29 Zip 32809 30 Country

3. Date Incorporated or Qualified **12/05/1974**

3a. Date of Last Report **04/13/1995**

4. FEI Number **59-1603370** ☐ 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

RAY, MICHAEL L
~~6220 ORANGE BLOSSOM TR S-160~~ 2327 Nela Ave
ORLANDO FL 32809

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 Michael L Ray Michael L. Ray 4/27/96
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent's signature required when changing it — Date

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	RAY, MICHAEL L	
STREET ADDRESS	6220 S ORANGE BLOSSOM T	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	T	☑ DELETE
NAME	JACOBS, JUNE	
STREET ADDRESS	2407 CARIBBEAN CT	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	☑ DELETE
NAME	RAY, MICHAEL L	
STREET ADDRESS	6220 S ORANGE BLOSSOM	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VP	☑ DELETE
NAME	EMILY BRANTLEY	
STREET ADDRESS	6548 WHIRLAWAY COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☑ Change ☐ Addition
5.2 NAME	200001829312	
5.3 STREET ADDRESS	-05/20/96--01045--033	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

AEB 5-1-96

CR2E034 (12/95)

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: Michael L Ray Michael L. Ray 4/27/96 (407) 240-1973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #