FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:29

DOCUMENT # **754058** **(6)**

1. Corporation Name
PADDOCK MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3100 COLLEGE ROAD SUITE 334 OCALA FL 34474 US	3100 COLLEGE ROAD SUITE 334 OCALA FL 34474 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1980
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2034753 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HARRINGTON, ELAINE
3100 COLLEGE RD.,STE.334
OCALA FL 32674

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 title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	[redacted]	12 NAME	STINSON, RALPH	
STREET ADDRESS	3100 COLLEGE ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	HARRINGTON, ELAINE	22 NAME		
STREET ADDRESS	3100 COLLEGE ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	BRADLEY, BUCK	32 NAME		
STREET ADDRESS	3100 COLLEGE ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DAVIES, HOWARD	42 NAME		
STREET ADDRESS	3100 COLLEGE ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PROTOLA, DABORAH	52 NAME		
STREET ADDRESS	3100 COLLEGE ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	[redacted]	62 NAME	JOHN WILLIAMSON	
STREET ADDRESS	3100 COLLEGE RD	63 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 2/18/95 904/237-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0086324