

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90005 039 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F97000001398**

1. Corporation Name

**THE PARAGON GROUP S.E., INC.**

Principal Place of Business  
**147 TECHNOLOGY PARKWAY, NW  
STE 100  
NORCROSS GA 30092  
US**

Mailing Address  
**147 TECHNOLOGY PARKWAY, NW  
STE 100  
NORCROSS GA 30092  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/18/1997**

4. FEI Number

**58-2275098**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILLIMAN, MARK W  
465 TRESKA RD  
JACKSONVILLE FL 32225**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☒ DELETE

NAME **GAY, KEVIN T**

STREET ADDRESS **2959 MERCURY RD**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DV** ☒ DELETE

NAME **KRSTOVIC, ROBIN**

STREET ADDRESS **3250 PEACHTREE IND BLVD #203**

CITY-ST-ZIP **DULUTH GA 30136**

TITLE **COO** ☒ DELETE

NAME **KRSTOVIC, ROBIN**

STREET ADDRESS **3250 PEACHTREE IND BLVD #203**

CITY-ST-ZIP **DULUTH GA 30136**

TITLE **CEOP** ☒ DELETE

NAME **KRSTOVIC, PETE W**

STREET ADDRESS **3250 PEACHTREE IND BLVD #203**

CITY-ST-ZIP **DULUTH GA 30136**

TITLE **D** ☒ DELETE

NAME **KRSTOVIC, PETE W**

STREET ADDRESS **3250 PEACHTREE IND BLVD #203**

CITY-ST-ZIP **DULUTH GA 30136**

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 **DV, COO**

2.3 STREET ADDRESS **Krstovic, Robin**

2.4 CITY-ST-ZIP **147 Technology Pkwy Ste 100**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **CEO**

3.3 STREET ADDRESS **Krstovic, Pete W**

3.4 CITY-ST-ZIP **147 Technology Pkwy Ste 100**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **CEO**

4.3 STREET ADDRESS **Mark W. Silliman**

4.4 CITY-ST-ZIP **465 Tresca Rd.**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)