

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G63385** (0)

1. Corporation Name

PARADISE ISLAND INVESTMENT CORP.



Principal Place of Business

**255 COREY AVENUE
P. O. BOX 67128
ST. PETERSBURG BCH. FL 33736**

Mailing Address

**255 COREY AVENUE
P. O. BOX 67128
ST. PETERSBURG BCH. FL 33736**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/03/1983

3a. Date of Last Report
05/01/1995

4. FET Number
59-2478894

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

10. Name and Address of New Registered Agent

**SKIPPER, PAUL J.
255 COREY AVE
ST. PETERSBURG BCH. FL 33736**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person effecting the change (individual or corporation)

Signature of the Agent (signature required for change of agent)

Signature of the Secretary of State

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**PD
SKIPPER, PAUL J.
255 COREY AVE, BOX 67128
ST PETE. BCH. FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

**VD.
KLINGEL, JOSEPH W.
255 COREY AVE, BOX 67128
ST PETE. BCH. FL**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

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30. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition

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 119.071(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:

Joseph W. Klingel

Joseph W. Klingel

April 25, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylight Standard

CR2E034 (12/95)