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

2/13-96 B-1065 AK

DOCUMENT # **G96840** (5)

1. Corporation Name

PACE ISLAND, INC.

Principal Place of Business	Mailing Address
1733 PACE ISLAND TRACE ORANGE PARK FL 32073	1733 PACE ISLAND TRACE ORANGE PARK FL 32073

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1984	01/24/1995

4. FEI Number: 59-2398490 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	**2a.** Mailing Address	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
22	27	
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
23	28	
Zip 24 / Country 25	Zip 29 / Country 30	

9. Name and Address of Current Registered Agent

KENNETH M. KEEFE, JR.
50 N. LAURA STREET, SUITE 3300
JACKSONVILLE 32202

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	PACE, JOHN JR.	
STREET ADDRESS	MOCCASIN SLOUGH	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	V	☐ DELETE
NAME	PACE, GUSSIE B.	
STREET ADDRESS	MOCCASIN SLOUGH	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	V	☐ DELETE
NAME	WOOD, SUSAN D	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	V	☐ DELETE
NAME	KEEFE, KENNETH M	
STREET ADDRESS	50 NORTH LAURA STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	MIXON, BEN W	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY - ST - ZIP	ORANGE PARK FL	
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		
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 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: Susan D. Wood Susan D. Wood 2/6/96 904-264-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)