FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H16791

(6)

PARAGON BUILDING CONTRACTORS, INC.

Principal Place of Business Mailing Address 2019 EAST HANNA AVENUE 2019 EAST HANNA AVENUE TAMPA FL 33610-3566 TAMPA FL 33610-3566					UE						
								3. Date Incorporated or Qualified 08/14/1984		ate of Last I 14/1996	Report
2. Principal F	Place of Bus	ness	2a. Mail	2a. Mailing Address				4. FEI Number Applied For			
21			26	- A A A A A A A A				59-2464751			ot Applicable
Suite, Apt.	#, etc.		}ŋ	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional lequired
22 City & Stat	té			City & State				6. Election Campaign Financing			May Be
23			28					Trust Fund Contribution			to Fees
Zip	ppg** FFT BY 4 \$ B. d 5 &6 *	Country	Zıp		Cou	ntry		8. This corporation has liability for i	ntangible	tax under	s. 199.032,
24		25	29		30				Yes		
	9, Name	and Address of Cur	rent Registered	l Agent				10. Name and Address of New Re	gistered	Agent	
	vis, alberi					B1	Name				
2019 EAST HANNA AVENUE						82	Street Add	ess (P.O. Box Number is Not Acceptable)			
TAN	MPA FL 336	U4				83					
					Ì					· •	
						84	City		FL	85 Zip	Code
office or agent 1 a	am familiar w	ith, and accept the ob	ligations of, Sec	tron 607.0505, F	lorida Stat	utes	S.	rporation submits this statement for the pation's board of directors. I hereby acception		ointment a	s registered
12.	Signature type	1 or printed famile of registered	agent and title if appl AND DIRECTOR		TE: Registered	d Age	int signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTO	DC IN 12
TITLE	DV	OFFIGERS)	AND DIRECTOR	DELETE	1,1 70	TLE		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
NAME	DAVIS, D	ONALD			1.2 NA						
STREET ADDRESS		RRETT PL					ADDRESS				
CITY - ST - ZIP	TAMPA F				1.4 CI		- 1				
TITLE	D			DELETE	2 1 TI		-			Change	Addition
NAME	DAVIS, A	LBERT			22 N/	AME]				
STREET ADDRESS		st hanna avenue	•		23 ST	REET	ADDRESS				
CITY-ST-ZIP	TAMPA F	FL			2 4 C	iTY-5	ST-ZIP				
TITLE				DELETE	3 1 Til	TLE				☐ Change	Addition
NAME					32 N/	AME					
STREET ADDRESS	. }				3.3 \$1	TAEET	ADDRESS				
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NAME					4. 2 N						
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NAME					5.2 N/						
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TITLE				I''I DETEN	6.1 TI					change	L-I MUNITUR
NAME STREET ADDRESS					6.2 N/		ADDRESS				
STREET ADURESS	' [ADDRESS IL-ZIP				
CITY - ST - 7(P											

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND THE AND THE OF BINNED OF BINNED OF SIGNING OFFICER OR DIRECTOR.

Date

Date