

1-22-97  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H30849

(4)

1. Corporation Name  
THE PAXEN GROUP, INC.

Principal Place of Business

1800 PENN ST  
SUITE 10  
MELBOURNE FL 32901  
US

Mailing Address

1800 PENN ST  
SUITE 10  
MELBOURNE FL 32901-2625  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GENTRY, BARRY L.  
1800 PENN STREET  
SUITE 10  
MELBOURNE FL 32901

3. Date Incorporated or Qualified

11/20/1984

3a. Date of Last Report

01/25/1996

4. FEI Number

59-2495345

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

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 type: If printed name of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCT	<input type="checkbox"/> DELETE
NAME	HIGGS, PATRICK	
STREET ADDRESS	1800 PENN ST SUITE 10	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HIGGS, PHILIP E.	
STREET ADDRESS	1380 MOORE RD	
CITY-ST-ZIP	WATERLOO IL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HIGGS, NANCY	
STREET ADDRESS	1800 PENN ST SUITE 10	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GENTRY, BARRY	
STREET ADDRESS	1800 PENN ST SUITE 10	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARTSAW, KENNETH E	
STREET ADDRESS	2488 E. MICHIGAN ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DAVIS, SANDY B	
STREET ADDRESS	1403 TAFT HWY. SUITE 3	
CITY-ST-ZIP	SIGNAL MOUNTAIN TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<del>Sandra</del> Bowden Susan	
1.3 STREET ADDRESS	325 John Knox Road, Suite G-104	
1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick C. Higgs, CEO 1/6/97 (407) 724-1033

Date Daytime Phone

CR2E034 (9/96)