

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H58637

(0)

1. Corporation Name

PACE MARKETING, INC.

Principal Place of Business

3021 SE ASTER LANE
711
STUART FL 34994
US

Mailing Address

P.O. BOX 2039
STUART FL 34994
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1985

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. BOX 2039

27

Suite, Apt. #, etc.

28

N/A

29

City & State

30

STUART, FL.

31

Zip

32

34995

33

U.S.

4. FEI Number

59-2538976

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

6. This corporation has liability for intangible tax under C. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PAGE, BEATRICE M.
9474 NW 48TH ST
SUNRISE FL

10. Name and Address of New Registered Agent

81 Name

LISA AMMONS

82 Street Address (P.O. Box Number is Not Acceptable)

2165 SE WAYNE ROAD

83

84 City

STUART

FL

85 Zip Code

34994

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 607.0508, Florida Statutes.

SIGNATURE

Lisa Ammons

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CEOP

PAGE, BOND K

3021 S E ASTER LANE 711

STUART FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

PAGE-NAPIER, BETTY J

3021 S E ASTER LANE 711

STUART FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 in 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 in this 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 of this report or on an attachment with an address.

SIGNATURE

Signature typed on printed name of SIGNING OFFICER OR DIRECTOR

K. Bond Pace, Co

4/25/95

(467)
223-2109