

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90027 043 ***150.00

DOCUMENT # H61249

1. Corporation Name
PACO PROPERTIES, INC.

Principal Place of Business

3625 HWY 90
PACE FL 32571
US

Mailing Address

3625 HWY 90
PACE FL 32571
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1985

2. Principal Place of Business

21 8494 Navarre Parkway
Suite, Apt. #, etc.

2a. Mailing Address

26 8494 Navarre Parkway
Suite, Apt. #, etc.

4. FEI Number

59-2541107

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PULLUM, WILLIAM A.
3625 HWY 90
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name

William A. Pullum

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

8494 Navarre Parkway

83

84 City

Navarre

FL

85 Zip Code
32566

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, if 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

William A. Pullum, President

3-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME PULLUM, WILLIAM A.
STREET ADDRESS 8494 NAVAREE PKWY
CITY-ST-ZIP NAVARRE FL

TITLE DV ☐ DELETE
NAME WATSON, WILLIAM N., JR
STREET ADDRESS RAVENWOOD APTS. #1
CITY-ST-ZIP PACE FL

TITLE DT ☐ DELETE
NAME WATSON, WILLIAM N., M.D.
STREET ADDRESS 4069 TERRACE CIRCLE
CITY-ST-ZIP MILTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

William A. Pullum

3-26-99 850/939-2363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0535834