

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -7 AM 10:40

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # H68956

(2)

1. Corporation Name

PARAGON HOLDINGS, INC.

Principal Place of Business

Mailing Address

2206 JO-AN
 3 & 4
 SARASOTA FL 34231
 US

2206 JO-AN DR
 3 & 4
 SARASOTA FL 34231
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1985

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2585777

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 activity for interlocking tax under s. 199.032,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 6360 S. Tamiami Trail

26 6360 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota Fla.

City & State

28 Sarasota Fla.

Zip

24 34231

Country

Zip

29 34231

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DINARDO, PETER
 2206 JO-AN DRIVE
 SUITE 3 & 4
 SARASOTA FL 34231

81 Name

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

6360 S. Tamiami Trail

83

84 City

Sarasota

FL

85 Zip Code

34231

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTS
NAME	DINARDO, PETER
STREET ADDRESS	2206 JO-AN DR 3
CITY, ST, ZIP	SARASOTA 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	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	6360 S. Tamiami Trail
4. CITY, ST, ZIP	Sarasota, Fla. 34231
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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:

Peter Dinardo Peter Dinardo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/95

(813) 923-5441