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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

<sup>#</sup> J61604

(1)

PARAGON PROPERTY INSPECTIONS, INC.

Principal Place of Business

Mailing Address

## FILED Jun 04 1998 8:00am Secretary of State



2417 KINGS LAKE BLVD. NAPLES FL 33962		2417 KINGS LAKE BLVD. Naples FL 33962		DO NOT WRITE IN THIS S	DO NOT WRITE IN THI <b>S S</b> PACE	
				<ol> <li>Date Incorporated or Qualified</li> <li>03/12/1987</li> </ol>		
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 475	O VIA CARMON	26 4750 VIA	CARMON	√ 59-2846097	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	0,	City & State ,		6. Election Campaign Financing	\$5.00 May Be	
23 NAP	les FL	28 NAPles	FL	Trust Fund Contribution	Added to Fees	
Zip	Country	1-7°	Country	8. This corporation owes or has paid the cur		
24 34105	25 Coll.		o Coll		Yes No	
	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
MCDUNALD, NANCY B.						
2417 KINGS LAKE BLVD			82 Stree	t Address (P.O. Box Number is Not Acceptable)		
, NAI	PL <b>ES</b> FL 33962		9	150 VIA CARMEN		
			83			
			84 City	1/. 0/. [] FI	85 Zip Code	
				Naples FL FL	34105	
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 typical or printed name of registeric disposal and talle if applicable (NOTE Registe od Agent signature required when reinstating)  DATE.						
12.	OLLICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	PD	☐ Change ☐ Addition	
NAME I	MCDONALD, THOMAS A.		1.2 NAME	MCOONALD THOMAN A	]	
STREET ADDRESS	2417 KINGS LAKE BLVD.		1.3 STREET ADDRESS	4750 VIA CARMEN		
CITY-ST-ZIP	NAPLES FL		1.4 CiTY-ST-ZIP	NAPLES FL 34105	ļ	
TITLE	STD	DELETE	21 IIILE	5+0	Change Addition	
NAME	MCDONALD, NANCY B.		2.2 NAME	Warrey B McDayald		
STREET ADDRESS	2417 KINGS LAKE BLVD.		2.3 STREET ADDRESS	NANCY B. McDONALD, 4750 VIA CARMEN		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY - ST - ZIP	MARIA TI DUINE		
TITLE	194 225 12	DELETE	3.1 YITLE	MAPIES FE 3 FIVO	Change Addition	
NAME		<del>_</del>	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME		-	4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZIP			
TITLE		DELLTE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		- —	
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY+ST+ZiP			
TITLE		DELFTE	6.1 THLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14 I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption sta	ted in Section 119.07(3)(i), Florida Statutes. I further ce	rtify 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						