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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J61604**

1. Corporation Name
PARAGON PROPERTY INSPECTIONS, INC.



Principal Place of Business

4750 VIA CARMEN
 NAPLES FL 34105
 US

Mailing Address

4750 VIA CARMEN
 NAPLES FL 34105
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1987

4. FEI Number

59-2846097

Applied For

Not Applicable

2. Principal Place of Business

21 4743 VIA CARMEN

2a. Mailing Address

26 4743 VIA CARMEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 City & State

NAPLES FL

28 City & State

NAPLES FL

24 Zip

34105

25 Country

US

29 Zip

34105

30 Country

US

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MCDONALD, NANCY B.
 4750 VIA CARMEN
 NAPLES FL 34105

10. Name and Address of New Registered Agent

81 Name MCDONALD Nancy B
 82 Street Address (P.O. Box Number is Not Acceptable) 4743 VIA CARMEN
 83
 84 City NAPLES FL 85 Zip Code 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME MCDONALD, THOMAS A.
 STREET ADDRESS 4750 VIA CARMEN
 CITY-ST-ZIP NAPLES FL 34105 DELETE

TITLE STD
 NAME MCDONALD, NANCY B.
 STREET ADDRESS 4750 VIA CARMEN
 CITY-ST-ZIP NAPLES FL 34105 DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 1.2 NAME MCDONALD THOMAS A
 1.3 STREET ADDRESS 4743 VIA CARMEN
 1.4 CITY-ST-ZIP NAPLES FL 34105

2.1 TITLE STD Change Addition
 2.2 NAME MCDONALD, NANCY B
 2.3 STREET ADDRESS 4743 VIA CARMEN
 2.4 CITY-ST-ZIP NAPLES FL 34105

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Change Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Change Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP Change Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP Change Addition

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:

THOMAS A MCDONALD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99
~~3-1-99~~

Date

941-403-7783
 Daytime Phone #

CR2E034 (11/98)