

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90007 035 ***150.00

DOCUMENT # L54132

1. Corporation Name
PARAGON LOCOMOTION, INC.

Principal Place of Business
1450 S. DIXIE HWY
BOCA RATON FL 33432

Mailing Address
1450 S. DIXIE HWY
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 14 S. SWINTON AVE

Suite, Apt. #, etc.

22

City & State

23 DELRAY BEACH, FL

Zip

24 33444

Country

25 USA

2a. Mailing Address

26 14 S. SWINTON AVE

Suite, Apt. #, etc.

27

City & State

28 DELRAY BEACH, FL

Zip

29 33444

Country

30 USA

3. Date Incorporated or Qualified

02/27/1990

4. FEI Number

65-0252026

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

SMITHER, ROBERT M JR
% WORRELL ENTERPRISES, INC.
140 S. DIXIE HWY.
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

14 S. SWINTON AVE

83

84 City DELRAY BEACH

FL

85 Zip Code 33444

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 ☐ DELETE

NAME DP
STREET ADDRESS WORRELL, THOMAS E., JR.
CITY-ST-ZIP 1450 S. DIXIE HWY.
BOCA RATON FL

TITLE ☐ DELETE

NAME DV
STREET ADDRESS FREAKLEY, EDWIN M.
CITY-ST-ZIP 200 CARTER'S GROVE LANE
LYNCHBURG VA 24523

TITLE ☐ DELETE

NAME S
STREET ADDRESS WORRELL, ODETTE A.
CITY-ST-ZIP 1450 S. DIXIE HWY.
BOCA RATON FL

TITLE ☐ DELETE

NAME DVT
STREET ADDRESS SMITHER, ROBERT M., JR.
CITY-ST-ZIP 1450 S. DIXIE HWY.
BOCA RATON FL

TITLE ☐ DELETE

NAME VAS
STREET ADDRESS GOODYEAR, KIM
CITY-ST-ZIP 1450 S. DIXIE HWY.
BOCA RATON FL

TITLE ☐ DELETE

NAME AT
STREET ADDRESS WINTZER, WILLIAM R
CITY-ST-ZIP 1450 S. DIXIE HWY.
BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 14 S. SWINTON AVE
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

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 14 S. SWINTON AVE
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 14 S. SWINTON AVE
4.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 125 LA POSTA
5.4 CITY-ST-ZIP TAOS, NM 87571

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 14 S. SWINTON AVE
6.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

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 R. Wintzer* WILLIAM R. WINTZER 4/27/99 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

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