

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N32547 (4)

1. Corporation Name

PACEMAKERS, INC.



Principal Place of Business

Mailing Address

C/O GLENN HAYES  
4973 S.E. INKWOOD WAY  
HOBESOUND FL 33455  
US

C/O GLENN HAYES  
4973 S.E. INKWOOD WAY  
HOBESOUND FL 33455  
US

3. Date Incorporated or Qualified

05/25/1989

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2929126

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES, GLENN  
4973 S.E. INKWOOD WAY  
LOT 75  
HOBESOUND FL 33455

81 Name

BETTY HAYES

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

4973 S.E. INKWOOD WAY

83

84 City

HOBESOUND

FL

85 Zip Code

33455

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Betty Hayes, Secretary*

1-17-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE  
NAME MCFADDEN, DAVID  
STREET ADDRESS 5004 SHORELINE DR  
CITY-ST-ZIP POLK CITY FL

11 TITLE DV ☒ Change ☒ Addition  
NAME MALONE, MICHAEL  
12 NAME 4976 SHORE LINE DR  
13 STREET ADDRESS POLK CITY, FL 33868  
14 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME MACLEOD, JOHN  
STREET ADDRESS 3799 N. PASSION WAY  
CITY-ST-ZIP BEVERLY HILLS FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE DST ☐ DELETE  
NAME HAYES, GLENN  
STREET ADDRESS 4973 S.E. INKWOOD WAY  
CITY-ST-ZIP HOBESOUND FL

31 TITLE DT ☒ Change ☐ Addition  
32 NAME HAYES, GLENN  
33 STREET ADDRESS 4973 S.E. INKWOOD WAY  
34 CITY-ST-ZIP HOBESOUND, FL 33455

TITLE D ☐ DELETE  
NAME KAIRIS, JOE  
STREET ADDRESS 1236 MAPLE DR.  
CITY-ST-ZIP TALLAHASSEE FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE DS ☒ Change ☒ Addition  
52 NAME HAYES, BETTY  
53 STREET ADDRESS 4973 S.E. INKWOOD WAY  
54 CITY-ST-ZIP HOBESOUND, FL 33455

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Betty Hayes* BETTY HAYES - Secy 1-17-96 407-221-3938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)