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Jan 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

C/O GLENN HAYES
4973 S.E. INKWOOD WAY
HOBESOUND FL 33455-7851
US



3. Date Incorporated or Qualified 05/25/1989
3a. Date of Last Report 01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2929126

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAYES, BETTY
4973 S.E. INKWOOD WAY
HOBESOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-97

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE
NAME MALONE, MICHAEL
STREET ADDRESS 4976 SHORE LINE DR.
CITY-ST-ZIP POLK CITY FL

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

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

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

TITLE DS ☐ DELETE
NAME HAYES, BETTY
STREET ADDRESS 4973 S.E. INKWOOD WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. DV ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME ARMSTRONG BILL
1.3 STREET ADDRESS 5035 N. SHORE DR
1.4 CITY-ST-ZIP POLK CITY, FL 33868

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
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME D SHAFER BOB
4.3 STREET ADDRESS 921 N. DORAL LANE
4.4 CITY-ST-ZIP VENICE, FL 34293

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

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

14. I do 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 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 1-5-97 561-221-3938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043417

CR2E037 (9/96)