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Jan 21, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N32547

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
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/25/1989

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

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)

1-4-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME FITZMORRIS, ROBERT
STREET ADDRESS 1176 HARBOR TOWN WAY
CITY-ST-ZIP VENICE FL 34292

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

TITLE D ☐ DELETE
NAME SHAFER, BOB
STREET ADDRESS 921 N DORAL LANE
CITY-ST-ZIP VENICE FL

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

TITLE DP ☐ DELETE
NAME ARMSTRONG, BILL
STREET ADDRESS 5035 N SHORE DRIVE
CITY-ST-ZIP POLK CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Betty Hayes RECORDED BY *Betty Hayes, Sec.* 1-4-99 561-221-3938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)