## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200008055 (5)

PARAGON MANAGEMENT COMPANY, INC.

FILED Jul 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 4968 KESTRAL PARKWAY, NORTH 4968 KESTRAL PARKWAY, NORTH SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1992 03/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0377554 26 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 ZiD Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 20 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LYONS, ROBERT E 4968 KESTRAL PARKWAY NORTH Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 83 84 City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE LYONS, ROBERT E NAME 12 NAME 4968 KESTRAL PKWY NO 1.3 STREET ADDRÉSS STREET ADORESS SARASOTA FL 34231 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 21 TITLE LYONS, AMY E NAME 22 NAME 4968 KESTRAL PKWY NO STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information

on supplied with this filing does not qualfy for the exemption stated in Section 119.07(3)(i), Florida Statutes, i juriner certify that the property is true and accurate and that my signature shall have the same legal effect as if made under oath; that beginning the property of trustee emphyshed to execute this report as required by Chapter 607, Florida Statutes; and that my name information Indicated on this armual I am an officer or director of the co appears in Block 12 or Block 13 n an atlachment with an

SIGNATURE:

THE HIPOURIES