

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000013162

1. Corporation Name

PAONESSA HOLDING COMPANY

Principal Place of Business 5028 113TH AVE. CLEARWATER, FL 34620	Mailing Address 5028 113TH AVE. CLEARWATER FL 34620
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FILED
97 MAY 28 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13900 U.S. HWY 19 N Suite, Apt. #, etc 22	2a. Mailing Address 26 13900 U.S. HWY 19 N Suite, Apt. #, etc 27	3. Date Incorporated or Qualified 2-22-93	3a. Date of Last Report 4-96	4. FEI Number 59-3166625	Applied For Not Applicable
23 CLEARWATER FL Zip 33764 Country PINELLAS	28 CLEARWATER FL Zip 33764 Country PINELLAS	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 33764	25 PINELLAS	29 33764	30 PINELLAS	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

RALPH J. PAONESSA SR.
5028 113TH AVE.
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name RALPH J. PAONESSA SR.	82 Street Address (P.O. Box Number is Not Acceptable) 13900 U.S. HWY 19 N.	83	84 City CLEARWATER	85 Zip Code FL 33764
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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

Ralph J. Paonessa Sr. RALPH J. PAONESSA SR. 5-22-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	NAME RALPH J. PAONESSA III	1.1 TITLE P/D	1.2 NAME RALPH J. PAONESSA III
STREET ADDRESS 5028 113TH AVE.	CITY-ST-ZIP CLEARWATER, FL 34620	1.3 STREET ADDRESS 13900 U.S. HWY 19 N.	1.4 CITY-ST-ZIP CLEARWATER FL 33764
TITLE VITIS/D	NAME RALPH J. PAONESSA SR.	2.1 TITLE VITIS/D	2.2 NAME RALPH J. PAONESSA SR.
STREET ADDRESS 5028 113TH AVE.	CITY-ST-ZIP CLEARWATER, FL 34620	2.3 STREET ADDRESS 13900 U.S. HWY 19 N.	2.4 CITY-ST-ZIP CLEARWATER FL 33764
TITLE V	NAME ROBERT ROSIE	3.1 TITLE V	3.2 NAME ROBERT ROSIE
STREET ADDRESS 5028 113TH AVE.	CITY-ST-ZIP CLEARWATER, FL 34620	3.3 STREET ADDRESS 13900 U.S. HWY 19 N.	3.4 CITY-ST-ZIP CLEARWATER, FL 33764
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 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)(b), 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.

SIGNATURE: RALPH J. PAONESSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-22-97 (813) 531-4800

Business Phone