FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 PM 12:04

DOCUMENT # P93000016069 (5)

1. Corporation Name
PARAGON PROPERTY MANAGEMENT OF SW FLORIDA, INC.

Principal Place of Business	Mailing Address
6371-2 ARC WAY FORT MYERS FL 33912	6371-2 ARC WAY FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 6371 Arc Way
Suite, Apt. #, etc.
22 Suite #2
City & State
23 Ft Myers
Zip 24 33912 Country 25 USA

2a. Mailing Address
26 6371 Arc Way
Suite, Apt. #, etc.
27 Suite #2
City & State
28 Ft Myers
Zip 29 33912 Country 30 USA

4. FEI Number: 65-0391151 ☐ 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

WORKMAN, DAVID J
6371-2 ARC WAY
FORT MYERS FL 33912

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 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 not required March 8, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WORKMAN, DAVID J	1.2 NAME	
STREET ADDRESS	16330 FAIRWAY WOODS DR., #1703	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	GOODWIN, VALERIE	2.2 NAME	
STREET ADDRESS	19003 COCONUT RD.	2.3 STREET ADDRESS	18510 Qunice Road
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	VP	3.1 TITLE	V/P ☒ Change ☐ Addition
NAME	GOODWIN, KENNETH L	3.2 NAME	Beverly J Stephenson
STREET ADDRESS	19003 COCONUT RD.	3.3 STREET ADDRESS	17230-3 Terraverde Circle
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Ft Myers, FL 33908
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Valerie G Goodwin 3/8/95 813-277-0112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Valerie G. Goodwin - Sec/Treas.

0480884 FP