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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000027910 (7)**

1. Corporation Name
THE PALASADE GROUP, INC.

Principal Place of Business	Mailing Address
4212 NW 16TH BLVD GAINESVILLE FL 32606 US	2011 SW 42ND AVE GAINESVILLE FL 32608 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/09/1993	08/10/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 P.O. Box 579	59-3174325	Applied For / Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 OCALA, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 34478 / 30 Marion	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOPE. A. BICE 408 UNIVERSITY AVE. SUITE 406 GAINESVILLE FL 32601	81 Name: Chester Trow, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 445 N.E. 8th Ave. 83 84 City: Ocala FL 85 Zip Code: 34478

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 _____ 3/27/95
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	11 TITLE	P S T	☒ Change ☐ Addition
NAME	MESZAROS, PALADIN	12 NAME	Jim Wolf	
STREET ADDRESS	4151 NW 43RD ST #524	13 STREET ADDRESS	1021 N.W. 10th St.	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Ocala, Fl. 34475	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	MCEACHRON, EDWARD	22 NAME		
STREET ADDRESS	6721 NW 52ND TERR	23 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	MESZAROS, DIANA	32 NAME		
STREET ADDRESS	2011 SW 42ND AVE	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	LORD-OSBERG, STEFANIE	42 NAME		
STREET ADDRESS	10407 SW 41ST PLACE	43 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Jim Wolf March 1, 1995 (904)622-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CD84A01 CP