

**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 MAY 31 AM 9:42

DOCUMENT # **P93000043015 (5)**

1. Corporation Name  
**PALICE, INC.**

Principal Place of Business Mailing Address  
**P O BOX 490835 LEESBURG FL 34719 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/10/1993** 3a. Date of Last Report **05/28/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1461 NW 114 Loop** 22 **1461 NW 114 Loop**

4. FEI Number **65-0419998** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
23 **Ocala, Fl (Marion)** 24 **Ocala, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
24 **34475** 25 **USA** 29 **34475** 30 **USA**

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LANDRY, D M  
8139 NW 71 COURT  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent  
81 Name **D. Michelle Landry**  
82 Street Address (P.O. Box Number is Not Acceptable) **1461 NW 114 Loop**  
83  
84 City **Ocala** FL 85 Zip Code **34475**

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 *D. Michelle Landry* DATE **5/22/95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>LANDRY, D M</b>
STREET ADDRESS	<b>P O BOX 490835 NA</b>
CITY - ST - ZIP	<b>LEESBURG FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D. Michelle Landry</b>
1.3 STREET ADDRESS	<b>1461 NW 114 Loop</b>
1.4 CITY - ST - ZIP	<b>Ocala, FL 34475</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 110.07(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: *D. Michelle Landry* DATE: **5/22/95** 904  
**D. Michelle Landry** (Typed Name) **867-7735** (Telephone Number)