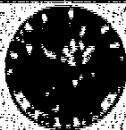


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000068961 (0)

1. Corporation Name
PAVCO CORP.

Principal Place of Business
**5123 N.E. 7TH PLACE
OCALA FL 33470**

Mailing Address
**5123 N.E. 7TH PLACE
OCALA FL 33470**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/05/1983** 3a. Date of Last Report **04/12/1994**
4. FBI Number **59-3227684** 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**
7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**PILESKI, JILL E
5123 NE 7TH PLACE
OCALA FL 34470**

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

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	D	1.1 TITLE	D
NAME	PAVLOVSKY, MICHAEL J	1.2 NAME	PAVLOVSKY, MICHAEL J.
STREET ADDRESS	74 SHEFFIELD LANE	1.3 STREET ADDRESS	5123 N.E. 7TH PLACE
CITY-ST-ZIP	BRISTOL CT 06010	1.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE	D	2.1 TITLE	D
NAME	PAVLOVSKY, JUDITH C	2.2 NAME	PAVLOVSKY, JUDITH C
STREET ADDRESS	74 SHEFFIELD LANE	2.3 STREET ADDRESS	5123 N.E. 7TH PLACE
CITY-ST-ZIP	BRISTOL CT 06010	2.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE	D	3.1 TITLE	
NAME	PILESKI, JILL E	3.2 NAME	
STREET ADDRESS	5123 N.E. 7TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 33470	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 110.07(3)(k), 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: Michael J. Pavlovsky **MICHAEL J. PAVLOVSKY** 4/13/95 904-236-0028
Signature and typed or printed name of signing officer or director