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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

DOCUMENT # **P93000084418 (1)**

1. Corporation Name
PARADISE TABLE COMPANY

Principal Place of Business	Mailing Address
145 KEY HAVEN RD. MM 22.9 CUDJOE KEY KEY WEST FL 33040	145 KEY HAVEN RD. MM 22.9 CUDJOE KEY KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 MM. 22.8 CUDJOE KEY
22 Suite, Apt. #, etc.
23 City & State: CUDJOE KEY, FL
24 Zip: 33040
25 County: MONROE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

4. FEI Number: APPLIED FOR 65-048 0799 ☐ 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

SOULE, THOMAS W.
145 KEY HAVEN RD.
KEY WEST FL 33010

10. Name and Address of New Registered Agent

81 Name: TOM SOULE
82 Street Address (P.O. Box Number is Not Acceptable): 145 KEY HAVEN RD
83
84 City: KEY WEST FL 85 Zip Code: 33040

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] THOMAS W SOULE (NOTE: Registered Agent signature required when changed) DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	☐ Change ☐ Addition
NAME	SOULE, THOMAS W	12 NAME	
STREET ADDRESS	145 KEY HAVEN RD.	13 STREET ADDRESS	
CITY ST ZIP	KEY WEST FL 33040	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	MORGAN, MARILYN	22 NAME	
STREET ADDRESS	MM 24.5	23 STREET ADDRESS	
CITY ST ZIP	LITTLE TORCH KEY FL 33040	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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: [signature] THOMAS W SOULE 4/28 305-292-3758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100027 CP