SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000010896 (6)**

1. Corporation Name
PARADIGM INTEGRATION CORPORATION

Principal Place of Business	Mailing Address
83 TIFTON WAY NORTH PONTE VEDRA BEACH FL 32082	83 TIFTON WAY NORTH PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21 86 Tifton Way North
22 Suite, Apt. #, etc.
23 City & State: Ponte Vedra Beach, FL
24 Zip: 32082 25 County: USA

2a. Mailing Address
26 86 Tifton Way North
27 Suite, Apt. #, etc.
28 City & State: Ponte Vedra Beach, FL
29 Zip: 32082 30 County: USA

4. FEI Number: 59-3260643 ☐ 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

FALLS, JACK L
83 TIFTON WAY NORTH
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name: FALLS, JACK L.
82 Street Address (P.O. Box Number is Not Acceptable): 86 Tifton Way North
83
84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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] 8-3-95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FALLS, JACK	1.2 NAME	
STREET ADDRESS	708 N THIRD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	

CR2E034 (3/95)

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 asterisk.

SIGNATURE: [signature] 8-3-95 904-273-9546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JACK L. FALLS

0123100 FP