

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JAN 24 AM 10:18	
DOCUMENT # P94000038537 (4) 1. Corporation Name PAIGE FINANCIAL, INC.					
Principal Place of Business 1455 COVERED BRIDGE DRIVE DELAND FL 32724		Mailing Address 1455 COVERED BRIDGE DRIVE DELAND FL 32724		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/17/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report First Report	
City & State 23		City & State 28		4. FEI Number 59-3244419	
Zip 24		Country 25		5. Certificate of Status Desired Not Applicable	
				6. Election Campaign Financing Trust Fund Contribution \$0.75 Additional Fee Required	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes ☐ No ☒	
9. Name and Address of Current Registered Agent QUINN, ALAN 1455 COVERED BRIDGE DRIVE DELAND FL 32724				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
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4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY- ST- ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY- ST- ZIP					
6.1 TITLE ☐ Change ☐ 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 119.07(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: Morris Corn Morris Corn 1/16/95					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					