

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000038537 (4)**

1. Corporation Name

PAIGE FINANCIAL, INC.



Principal Place of Business

Mailing Address

**1455 COVERED BRIDGE DRIVE
DELAND FL 32724**

**1455 COVERED BRIDGE DRIVE
DELAND FL 32724**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**QUINN, ALAN
1455 COVERED BRIDGE DRIVE
DELAND FL 32724**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

01/24/1995

4. FEI Number

59-3244419

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 intangibles tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of the person authorized to file this statement

Signature of the person authorized to file this statement

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**PST
CORN, MORRIS
1455 COVERED BRIDGE DRIVE
DELAND FL 32724**

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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. I am an officer or director of this corporation or the person 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 or changes or on an attachment with an address.

SIGNATURE:

Morris Corn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris Corn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
DATE

CR2E034 (12/95)