

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 26 AM 8:26

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040929 (9)

1. Corporation Name

PAVILION INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

RT 2 BOX 6816
MAGNOLIA ST
GRAYTON BEACH FL 32459

RT 2 BOX 6816
MAGNOLIA ST
GRAYTON BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/31/1994

4. FEI Number

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

b. This corporation has liability for intangible tax under s. 194.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 35 Clayton Lane

26 35 Clayton Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Santa Rosa Bch. FL

28 Santa Rosa Bch. FL

24 32459

25 Walton

29 32459

30 Walton

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, DANA C
607 HWY 98 E
DESTIN FL 32541

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 of officer or director of corporation (agent and date of signature)

Signature of Registered Agent (signature to accept appointment)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
CHRIST, THOMAS C
RT 2 BOX 6816 MAGNOLIA ST
GRAYTON BEACH FL 32459

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
35 Clayton Lane
Santa Rosa Beach, FL 32459
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WEST, ROGER G
6660 BURDEN LN
BATON ROUGE LA 70808

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
Deposited by Bank
RC
☐ Change ☐ Addition

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 statement 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 registered agent and am authorized 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 if not so indicated.

SIGNATURE:

SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

THOMAS C. CHRIST

6-6-95

904.231.5538