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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1997 8:00am

Secretary of State

DOCUMENT # P9400057743 (4)

PAGE & PALETTE OF FLORIDA, INC.

Principal Place of Business Mailing Address										FI 13011 B101	
106 8 PALA PENSACOLA			106 S PALAFOX ST PENSACOLA FL 32501-4839								
								3. Date Incorporated or Qualified 08/04/1994	1	of Last F	Report
2. Principa	I Place of Busin	088	2a, Mailin	ig Address				4. FEI Number		Αį	oplied For
21			26					59-3270743		N	ot Applicable
 -	pt. #, etc.		F	Apt. #, etc.				5. Certificate of Status Desired			Additional
22	4 - 4 -	·	27								equired
City & State			<u>├</u>	City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees		
Z ip		Country	28 Z(p		T Cour	olrv		Trust Fund Contribution	<u>. L</u>		
24	-	25]	29		30	i ito y		8. This corporation has liability for in a florida Statutes	ntangibie ta] Yes □		5. 199.032,
24		and Address of Curr		Agent	1301			10. Name and Address of New Re			
A	NDERSON, D		· · · · · · · · · · · · · · · · · · ·	<u> </u>		81	Name				
	06 S PALAFO				-		Charles Adda	/D.O. D N	1-1		
	ENSACOLA FI		82 Street Ac			Street Addr	ldress (P.O. Box Number is Not Acceptable)				
• • •					}	83					
					-	84	City		FL	85 Z(p	Code
11. Pursua	int to the provisi	ons of Sections 607.05	02 and 607.150	8. Florida Statu	L	1 XXX	e-named corp	oration submits this statement for the p		L hanging i	ts registered
office o	or registered ag	ent, or both, in the Sta	le of Florida, Suc	ch change was	authorized	i by	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	ot the appoi	ntmönt as	registered
	תמל את	INA (I)	don line	1 A Carrier 1 (1)	Onda Cian	0103	•				
SIGNATUR	Signature, lyped	or printed name of registered a	gent and little if applica	sble (NO	It fregistered	LÁgir	nt signature require	ed waker re-installing)	DATE		
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND [PIRECTOR	RS IN 12
TITLE	D		D	☐ DELFTE	1.1 111	LF				_ Change	Addition
NAME		ON, DONNA W	Pres.		. 12 NA	ME					
STREET ADDRES		LAFOX ST			13 \$1	REFT	ADDRESS				
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NAME	Cer u		Š I	ico fie	2 55 NV	ME					
STREET ADDRES		Palafox			2 3 ST	REEL	ADDRESS				
CITY-ST-ZIP	Fenso	icola, Fl.	32501	The second	2 4 01		SI - ZIP			-	
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NAME					3 2 NA						
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TITLE					4.1 717				L.	Change	Addition
NAME ATREET ARROSE					4 2 N/		1000000				
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NAME CORECT ADDOCS	20				5.2 NA		Abboted				
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CITY-ST-ZIP TITLE				DELETE	5 4 0/1 6 1 Till		1-211		F	Change	Addition
NAME				<u></u>	6.2 NA				L	0	
STREET ADDRESS	20						ADDRESS				
CITY-ST-ZIP	· ·				6401						
	reby certify that	the information suppl	ed with this film	g does not qual				in Section 119.07(3)(i), Florida Statute	s. I further c	erlify that	the
informa	ation indicated o	on this annual report or	i supplementa la	innual report is:	true and a	ccu	rate and that	my signature shall have the same lega t as required by Chapter 607, Florida S	Leffect as if	made un	ider oath: tha