

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000012591 (0)

1. Corporation Name

PARAMOUNT CUTTER, INC.



Principal Place of Business

1252 INDUSTRIAL BLVD.
PT. ST. LUCIE FL 34952

Mailing Address

1252 INDUSTRIAL BLVD.
PT. ST. LUCIE FL 34952

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1434 SE Huffman Rd.

26 1434 SE Huffman Rd.

4. FEI Number

65-0557324

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Port St Lucie, FL

28 Port St Lucie, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

34952

St Lucie

34952

St. Lucie

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMEDBERG, MARK
1252 INDUSTRIAL BLVD.
PT. ST. LUCIE FL 34952

81 Name

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

1434 SE Huffman Rd.

83

84 City

Port St. Lucie

FL

85 Zip Code

34952

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

Mark Smedberg
Signature typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

3-20-96 5-20-96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SMEDBERG, MARK C
STREET ADDRESS 1252 INDUSTRIAL BLVD.
CITY- ST- ZIP PT. ST. LUCIE FL 34952

TITLE D ☐ DELETE
NAME SMEDBERG, SHARON
STREET ADDRESS 1252 INDUSTRIAL BLVD.
CITY- ST- ZIP PT. ST. LUCIE FL 34952

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1434 SE HUFFMAN RD
1.4 CITY- ST- ZIP PORT ST LUCIE, FL 34952

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1434 SE HUFFMAN RD
2.4 CITY- ST- ZIP PORT ST LUCIE, FL 34952

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

4.1 TITLE ☐ Change ☐ Addition
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)(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; 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:

Mark Smedberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-96 5-20-96

CR2E034 (12/95)