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FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000057685 (6)

1. Corporation Name  
PARAGON GENERAL CONTRACTING, INC.



Principal Place of Business  
2900 14TH ST. N  
STE. 44  
NAPLES FL 33940  
US

Mailing Address  
P.O. BOX 9043  
NAPLES FL 34101-9043  
US

3. Date Incorporated or Qualified  
07/26/1995

3a. Date of Last Report  
04/15/1996

4. FEI Number  
59-3325757

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 34103

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
BRUGGER, JOHN N ESQ.  
800 FIFTH AVENUE SOUTH, SUITE 207  
NAPLES FL 33940

10. Name and Address of New Registered Agent  
81 Name  
Paul R. Alford  
82 Street Address (P.O. Box Number is Not Acceptable)  
2215 Pinewood Circle  
83  
84 City  
Naples, FL 85 Zip Code  
34105

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 *Paul R. Alford* DATE 4/3/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	ALFORD, PAUL R	
STREET ADDRESS	2215 PINE WOODS CIRCLE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALFORD, PAUL R	
STREET ADDRESS	2215 PINE WOODS CIRCLE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul R. Alford	
1.3 STREET ADDRESS	2215 Pinewood Circle	
1.4 CITY-ST-ZIP	Naples, FL 34105	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul R. Alford	
2.3 STREET ADDRESS	2215 Pinewood Circle, Naples, FL 34105	
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mark D. Greivell	
3.3 STREET ADDRESS	569 Cypress Way East	
3.4 CITY-ST-ZIP	Naples, FL 34110	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 register 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: *Paul R. Alford* President 4/3/97 941-643-7900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)