PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000072324 (3) DOCUMENT # PALADIN INVESTMENTS, INC. Principal Place of Business Mailing Address P.O. BOX 2350 P.O. BOX 2350 **ORANGE PARK FL 32067 ORANGE PARK FL 32067** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59 - 3340370 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Ζφ Country Zin Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BUCK, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 82 50 N.(LURA)STREET **SUITE 2800** 83 JACKSONVILLE FL 32202 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 TITLE **BUCK, RICHARD W** NAME Buck, Richard W. 50 N. Laura Street, Suite 2800 1.2 NAME 50 N. LAURA STREET, SUITE 2800 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP Jacksonville, FL 32202 1.4 CI?Y-ST-ZI? TITLE DELETE 2.1 TITLE Change Addition NAME **BUCK, CAROL A** Buck, Carol A. 2.2 NAME P.O. BOX 2350 N/A STREET ADDRESS P.O. Box 2350 NIA 23 STREET ADDRESS **ORANGE PARK FL 32067** CITY-S1-7IP Orange Park, FL 32067 24 CITY-ST-ZIP THE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-ZiP TITLE DELETE **ぶ口口口口1日口31Q蠍**® -05/01/96--01038--042 4.11/TLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS ***200.00 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELFTE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADORESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP TITLE DELETE 6. 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 01*Y-\$1-7P 64 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

904/354-8000 Destination CR2E034 (12/95)