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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name	P95000079310	(5)
DADLOOM BRUT A	00001 010	

PARAGON PRINT & COPY, INC. Principal Place of Business Mailing Address 4171 SOUTH SUNCOAST BLVD. 4171 SOUTH SUNCOAST BLVD. HOMOSASSA FL 34446 HOMOSASSA FL 34446



3. Date incorporated or Qualified 3a. Date of Last Report

				10/12/1995	NIA	
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3337476	Not Applicable	
Suite Apt #	Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	55.00 May Be	
23	1 12	28		Trust Fund Contribution	Added to Fees	
Ζφ. !	Country	Zip turn	Country	8. This corporation has liability for		
24	25	29	30		□No	
	9. Name and Address of Current	Hegistered Agent	04 1	10. Name and Address of New F	egistered Agent	
DARRILL	A		81 Name	EVA MANN -		
	S, JANET	ddress (P.O. Box Number is Not Acceptate				
4109 SOUTH SKYLARK TERRACE				59 S. Coleman Ave		
HOMOS	ASSA FL 34446		83 17	o sassa		
			84 City	U OH SSM	85 Zip Code	
			Ha	musASSA	FLIZUUUR	
11. Parsuant to	o the provisions of Sections 607,0502 .	and 607,1508, Florida Statuti	e the above named com	poration submits this statement for the pur oard of directors. I hereby accept the app	pose of changing its registered office	
familiar with	n and ascept the obligations of, Section	n 607.0505, Florida Statutes	eo by the corporation's b	oard or directors. I hereby accept the app	ontment as registered agent. Lam	
SIGNATURE	ENA	mann		1- 0	23-96	
	egentholdspecial protestrate of high read agenta		If : Registered Agent signature req			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12	
T It;	D President	DELETE	1 1 TIFLE		☐ Change ☐ Addition	
MM	MANN, EVA M		1.2 NAME			
SJRELL ASSESS.	2459 S. COLEMAN AVENUE		1.3 STREET ADDRESS			
- 0.05 + 51 ₁ -716	HOMOSASSA FL 34448		1.4 CHTY - ST - ZIP			
Hitch	D	DELETE	2 1 THTLE	MANN, EVA M. 0459 S. COLEMANAUE	D/n Change Addition	
5395	LINDSAY, MARIA J	•	2 2 NAMč	MANN, EVA M.	70	
STREET ADERESS	4109 SKYLARK TERRACE		2 3 STREET ADDRESS	9459 S. COLEMANAUE		
CEL ST 200	HOMOSASSA FL 34446		24 CITY-51-2IF	Homosassa, FI 3444	8-	
THE		☐ DELFTE	3 1 1111.6		Change Addition	
NAM			3.2 NAME			
S RELLATORES			3.3 STREET ADDRESS			
Cally St. Zif			3 4 CITY - \$1 - ZIP			
THEF	· ···· · · · · · · · · · · · · · · · ·	☐ DELETE	4. 1 TITLE		Change Addition	
hAMi			4.2 NAME			
SHEEL AUGUSTS			4.3 STREET ADDRESS			
CHY-S1 ZIP			4.4 CHY - ST-ZIP			
11ºtf		DELFTE	5 1 THILE		Change Addition	
NAME.			5.2 NAME		Charge Charge	
SINE-LADDRESS			5 3 STREET ADDRESS			
Cir St Ze			5.4 City - St - ZiP			
TIEF		DELETE	6 1 TITLE		Change Addition	
NAM:			6.2 NAME		C onange C Addition	
STREET ADDRESS			6.3 STHEET ADDRESS			
2017-\$1 Z0F						
14. i do hereby	certify that the information supplied w	th this filing is voluntarily form	ished and does not qualif	y for the exemption stated in Section 119.	07/3/b) Florida Statistica 16 intha-	
certry mar oath That L	tter information ind-cared on this annua	Freport or supplemental anni Jion or the receiver or truster	ual report is true and accura- to empowered to execute	y for the exemption stated in Section 119, irrate and that my signature shall have the this report as required by Chapter 607, Fig.	anno longi affasi as if acculo coulo	

SIGNATURE:

1-23-96 Date

352.628.2866 Dayline Promo #

CR2E034 (12/95)