

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P96000001213 (3)

1. Corporation Name

PAUL GAGNON, INC.

Principal Place of Business

Mailing Address

608 NW 13TH ST., #32
BOCA RATON FL 33486

608 NW 13TH ST., #32
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

21 665 GLOUCESTER ST.

26 665 GLOUCESTER ST.

Suite, Apt., etc.

Suite, Apt., etc.

22 APT. 5

27 APT. 5

23 BOCA RATON FL

28 BOCA RATON FL

City & State

City & State

Zip

Zip

24 33487

25 US

29 33487

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

GAGNON, PAUL E
608 NW 13TH ST., #32
BOCA RATON FL 33486

81 Name GAGNON, PAUL E.

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

83 665 GLOUCESTER ST., #5

84 City BOCA RATON

FL

85 Zip Code

33487

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 E. GAGNON

8-2-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT

NAME PAUL E. GAGNON

STREET ADDRESS 665 GLOUCESTER ST., #5

CITY - ST - ZIP BOCA RATON, FL 33487

TITLE VICE PRESIDENT

NAME PAUL E. GAGNON

STREET ADDRESS 665 GLOUCESTER ST., #5

CITY - ST - ZIP BOCA RATON, FL 33487

TITLE SECRETARY

NAME PAUL E. GAGNON

STREET ADDRESS 665 GLOUCESTER ST., #5

CITY - ST - ZIP BOCA RATON, FL 33487

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

600001943046

-09/10/96-01046-016

****225.00 ****225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PAUL E. GAGNON 8-2-96 5612414307