4/30

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State
04-30-2001 90043 024 ***150.00

DOCUMENT # P96000067502

1. Entity Name
PARAGON COMMUNICATIONS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1586 US HWY 1 S ST. AUGUSTINE FL 32086-4235 US	1586 US HWY 1 S ST. AUGUSTINE FL 32086-4235 US

- 48103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3403814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JAMES P
1586 US HWY 1 S
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name: Robert C. Johnson
Street Address (P.O. Box Number is Not Acceptable): 1586 US Hwy 1 S.
City: St Augustine FL Zip Code: 32084

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 5-14-01
Signature required from registered agent even if typed or printed. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT JOHNSON, JAMES P 3333 CARMEL ROAD ST. AUGUSTINE FL 32086	☒ Delete	CEO, PRESIDENT Robert C. Johnson 1586 US Hwy 1 S. St Augustine, FL 32084	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JOHNSON, ROBERT C 1007 S. PONCE DE LEON BLVD #117 ST. AUGUSTINE FL 32086	☐ Delete	VICE PRESIDENT, TREASURY Julie M. Johnson 1586 US Hwy 1 S. St. Augustine, FL 32084	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (10/00)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 05/19/01 904-808-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #