

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069922 (8)

1. Corporation Name

PAKS PARTNERS, INC.

Principal Place of Business

339 TARPON SPRINGS DR #4
CAPE CORAL FL 33904

Mailing Address

339 TARPON SPRINGS DR #4
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

65-0692953

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 8695 COLLEGE PARKWAY

26 8695 COLLEGE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. 351

27 STE. 351

City & State

City & State

23 FT. MYERS, FL.

28 FT. MYERS, FL.

Zip

Country

Zip

Country

24 33919

25 LEE

29 33919

30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, PATRICIA J
339 TARPON DRIVE., #4
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME SMITH, PATRICIA J
STREET ADDRESS 339 TARPON DRIVE., #4
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

1.1 TITLE PVT
1.2 NAME SMITH, PATRICIA J.
1.3 STREET ADDRESS 339 TARPON DR., #4
1.4 CITY-ST-ZIP CAPE CORAL, FL. 33904

☒ Change ☐ Addition

TITLE VTD
NAME DONAHUE, BEVERLY S
STREET ADDRESS 339 TARPON DRIVE., #1
CITY-ST-ZIP CAPE CORAL FL

☒ DELETE

2.1 TITLE D
2.2 NAME SMITH, KENNETH R.
2.3 STREET ADDRESS 339 TARPON DR., #4
2.4 CITY-ST-ZIP CAPE CORAL, FL. 33904

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

PATRICIA J. SMITH

3/13/98

(941)437-4400

CP2E034 (10/97)