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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90050 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069922

1. Corporation Name
PAKS PARTNERS, INC.

Principal Place of Business

8695 COLLEGE PARKWAY
SUITE 351
FT. MYERS FL 33919
US

Mailing Address

8695 COLLEGE PARKWAY
SUITE 351
FT. MYERS FL 33919
US

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

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 339 TARPON DRIVE

Suite, Apt. #, etc.

22 #4

City & State

23 CAPE CORAL, FL.

Zip

24 33904

Country

25 Lee

2a. Mailing Address

26 339 TARPON DRIVE

Suite, Apt. #, etc.

27 #4

City & State

28 CAPE CORAL, FL.

Zip

29 33904

Country

30 Lee

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PSD ☐ DELETE

NAME SMITH, PATRICIA J

STREET ADDRESS 339 TARPON DRIVE, #4

CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VTD ☒ DELETE

NAME DONAHUE, BEVERLY S

STREET ADDRESS 339 TARPON DRIVE, #4

CITY-ST-ZIP CAPE CORAL FL-33904

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Patricia J. Smith PATRICIA J. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

Date

941-945-7720

Daytime Phone #

CR2E034 (11/98)