

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90010 048 ***558.75

DOCUMENT # P97000002095

1. Corporation Name

PARADIGM CAPITAL GROUP, INC.



Principal Place of Business

C/O PARADIGM MORTGAGE ASSOCIATES, INC.
4231 WALNUT BEND RD #5
JACKSONVILLE FL 32257

Mailing Address

C/O PARADIGM MORTGAGE ASSOCIATES, INC.
4231 WALNUT BEND RD #5
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

59-3417358

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 C/O PARADIGM MTG ASSOC
Suite, Apt. #, etc.

22 7845 BAYMEADOWS WAY

City & State

23 JACKSONVILLE, FL

Zip

24 32256

Country

25 USA

2a. Mailing Address

26 PARADIGM MTG. ASSOC.

Suite, Apt. #, etc.

27 7845 BAYMEADOWS WAY

City & State

28 JACKSONVILLE, FL

Zip

29 32256

Country

30 USA

9. Name and Address of Current Registered Agent

CRABTREE, R.R.
8375 DIX ELLIS TR., #401
JACKSONVILLE FL 32257

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 **CEOP** ☐ DELETE

NAME **HARRELL, ROBERT**
STREET ADDRESS **4231 WALNUT BEND ROAD, #5**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VP** ☐ DELETE

NAME **HALTER, PAUL A JR**
STREET ADDRESS **4231 WALNUT BEND ROAD, #5**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **COB** ☐ DELETE

NAME **STINGONE, JOSEPH**
STREET ADDRESS **4231 WALNUT BEND ROAD, #5**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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 **CEO/PRESIDENT/DIRECTOR** ☒ Change ☐ Addition

1.2 NAME **C.W. ROBERTHARRELL**
1.3 STREET ADDRESS **14744 40TH STREET**
1.4 CITY-ST-ZIP **LIVE OAK, FL 32060**

2.1 TITLE **VICE PRESIDENT/DIRECTOR** ☒ Change ☐ Addition

2.2 NAME **PAUL A. HALTER, JR.**
2.3 STREET ADDRESS **2481 QUAIL RUN LANE**
2.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

3.1 TITLE **SECRETARY TREAS./DIRECTOR** ☐ Change ☐ Addition

3.2 NAME **JOSEPH P. STINGONE**
3.3 STREET ADDRESS **8001 JAMES ISLAND TRAIL**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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.

SIGNATURE: **ROBERT HARRELL**

8/10/99 904-636-5626

Date

Daytime Phone #

CR2E034 (5/99)

0007066