

FILED  
Apr 17 1998 8:00am  
Secretary of State

**DOCUMENT # P97000058528 (5)**  
1. Corporation Name  
**PARADOTTZ, INC.**

2. Principal Place of Business		2a. Mailing Address	
21	1417-1 N. Partin Dr. Suite, Apt. #, etc.	26	1417-1 N. PARTIN DR. Suite, Apt. #, etc.
22		27	
City & State		City & State	
23	NICEVILLE, FL	28	NICEVILLE, FL
Zip	Country	Zip	Country
24	32578	29	32578
25		30	

9. Name and Address of Current Registered Agent	
<b>DAVIS, MARY T</b> <b>427 SPRINGWOOD WAY</b> <b>NICEVILLE FL 32578</b>	<b>81</b> Name
	<b>82</b> Street Address
	<b>83</b>
	<b>84</b> City

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MARY T</b>	1.2 NAME	
STREET ADDRESS	<b>427 SPRINGWOOD WAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NICEVILLE FL 32578</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, ROBERT L III</b>	2.2 NAME	
STREET ADDRESS	<b>427 SPRINGWOOD WAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NICEVILLE FL 32578</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (10/97)