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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000058528 (5)

PARADOTTZ, INC.

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				
24-B WALTER MARTIN DRIVE 24-B WALTER MARTIN DRIVE FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548				
FT. WALTON	BEACH FL 32548	FT. WALTON BEACH FL 32:	548	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				07/03/1997
6 Delpained Di	non of Purposes	2. Mailing Address		4. FEI Number Applied For
2. Principal Place of Business 21 417-1 N. Partin Dr. 26 417-1 N. P			PARTIN D	R 59-346 2050 Not Applied For
21 417-1 N. Partin Dr. 26 44 1-1 N. PARTIN Suite, Apt. #, etc.			PAKINO	\$8.75 Additional
 			5. Certificate of Status Desired Fee Required	
27			6. Election Campaign Financing \$5.00 May Be	
23 NICEVILLE, FL 28 NICEVILLE, FL			Trust Fund Contribution Added to Fees	
Zip 325	Country	²⁰ 32578 3	Country	8. This corporation owes or has paid the current year Intangible
24 26		120	0	Personal Property Tax due June 30. Yes No
				10, Name and Address of New Registered Agent
DAVIO, MARTI				
			ress (P.O. Box Number is Not Acceptable)	
NICEVILLE FL 32578				
			63	
			84 City	85 Zip Code
				F <u>L </u>
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 profed name of registered agent		Registered Agent signature requi	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D DAMO MARY T	DELETE	1.1 TITLE	L.] Change L.] Additio
NAME	DAVIS, MARY T		1.2 NAME	
STREET ADDRESS	427 SPRINGWOOD WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Additio
NAME	DAVIS, ROBERT L III		2.2 NAME	
STREET ADDRESS	427 SPRINGWOOD WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578		2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		<u> </u>	4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TOLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14 hereby c	ertify that the information supplied with	this filing does not qualify for t	he 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.				