

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90226 029 ***150.00

DOCUMENT # P98000058709

1. Corporation Name

Paper Palm, Inc.

Principal Place of Business

Mailing Address

1751 Park Avenue North 1751 Park Avenue North
Maitland, FL 32751 Maitland, FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/1/98

4. FEI Number
52-2109962

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 916 Lee Road

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

24 Zip 32810 25 Country USA

2a. Mailing Address

26 916 Lee Road

Suite, Apt. #, etc.

27 City & State

28 Orlando, FL

29 Zip 32810 30 Country USA

9. Name and Address of Current Registered Agent

N. Dwayne Gray, Jr.
Greenspoon, Marder, Hirschfeld, Rafkin,
Ross & Berger, P.A.
135 W. Central Blvd., Suite 1100
Orlando, FL 32801

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 ☐ DELETE
NAME D
STREET ADDRESS Laurence D. Nye
CITY-ST-ZIP 834 River Bend Blvd., Longwood, FL 32779

TITLE ☐ DELETE
NAME Anna S. Nye
STREET ADDRESS 834 River Bend Blvd.
CITY-ST-ZIP Longwood, FL 32779

TITLE ☐ DELETE
NAME Michael P. LeVangie
STREET ADDRESS 2700 Libby Lane
CITY-ST-ZIP Ocoee, FL 34761

TITLE ☐ DELETE
NAME Rita LeVangie
STREET ADDRESS 2700 Libby Lane
CITY-ST-ZIP Ocoee, FL 34761

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:

Michael P. LeVangie
Michael P. LeVangie

4/30/99

Date

(407) 647-3328

Daytime Phone #

CR2E034 (11/98)