

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
Jun 01, 1999 8:00 am
Secretary of State

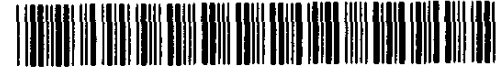
06-01-1999 90016 014 ***150.00

DOCUMENT # P98000093496

1. Corporation Name
PALEO, INC.

Principal Place of Business
6834 OLD KINGS ROAD, S.
JACKSONVILLE FL 32217

Mailing Address
6834 OLD KINGS ROAD, S.
JACKSONVILLE FL 32217



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1998

4. FEI Number
59-3543071

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 6338 CHRISTOPHER CRK. RD. W

2a. Mailing Address
26 6338 CHRISTOPHER CRK. RD. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
JACKSONVILLE FL

28 City & State
JACKSONVILLE, FL

24 Zip
32217

29 Zip
32217

9. Name and Address of Current Registered Agent

HELOW, PETER A
6834 OLD KINGS ROAD, S.
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name
HELOW, PETER A
82 Street Address (P.O. Box Number is Not Acceptable)
6338 CHRISTOPHER CREEK ROAD WEST
83
84 City
JACKSONVILLE FL 85 Zip Code
32217

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT
GEORGE L. LOGGINS, III
3416 FAIRBANKS GRANT ROAD NORTH
JAX FL 32223

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VICE PRESIDENT
PETER A. HELOW
6338 CHRISTOPHER CREEK RD WEST
JAX FL 32217

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

PETER A. HELOW

5/24/99

904-739-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)