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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

WAYNE J. PAGGEOT, INC.

FILED Apr 21 1998 8:00am Secretary of State



Address
N. PARROTT AVENUE ripcipal Place of Business
PARROTT AVENUE OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0267212 21 1315 N. PARROTT AVE 1315 N. PARROTT AVE. 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 OKEECHOBEE F 23 OKEECHOBEE Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 3497 2 Yes X No Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PAGGEOT, WAYNE J. Name 3988 N.W. 38TH AVENUE Street Address (P.O. Box Number is Not Acceptable) OKEECHOBEE FL 34972 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE PAGGEOT, WAYNE J. NAME 1.2 NAME 3988 N.W. 36TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ Change DELETE 31 TITLE Addition NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change ■ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Chapge Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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: (1) aum a ST.

4/15/98

941) 467 1606