SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:54

DOCUMENT # S53845 (1)

1. Corporation Name
PARAMOUNT CONSULTING, INC.

Principal Place of Business
P.O. BOX 1257
PALATKA FL 32178

Mailing Address
P.O. BOX 1257
PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-3073728 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
DAVIS GARY W
245 SEGOVIA RD
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent
81 Name: RICHARDSON, CARL
82 Street Address (P.O. Box Number is Not Acceptable): 1829 RAINTREE TRAIL
83
84 City: PALATKA FL 85 Zip Code: 32177

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: CARL RICHARDSON, PRESIDENT — Carl Richardson — 6/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1) TITLE	P ☒ Change ☐ Addition
NAME	DAVIS, GARY W	1) NAME	RICHARDSON, WILLIAM C
STREET ADDRESS	245 SEGOVIA RD	1) STREET ADDRESS	RT 5 BOX 1829
CITY-ST-ZIP	ST AUGUSTINE FL	1) CITY-ST-ZIP	PALATKA FL.
TITLE	ST	2) TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, WILLIAM C	2) NAME	
STREET ADDRESS	RT 5 BOX 1829	2) STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2) CITY-ST-ZIP	
TITLE		3) TITLE	☐ Change ☐ Addition
NAME		3) NAME	
STREET ADDRESS		3) STREET ADDRESS	
CITY-ST-ZIP		3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: CARL RICHARDSON — Carl Richardson — 6/26/95 — (904)325-2001 4521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126041 FP