

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V02017

1. Corporation Name

Pace Systems Group, Inc.

Principal Place of Business

**4201 Baymeadows Rd.
Jacksonville, FL 32217**

Mailing Address

**4201 Baymeadows Rd.
Jacksonville, FL 32217**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/91

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3097876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ball, John S.

**1 Independent Drive, Suite 2600
Jacksonville, FL 32202**

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 **P/T/D**
NAME **Farr, Jay A.**
STREET ADDRESS **4209 Baymeadows Rd., Suite 2**
CITY-ST-ZIP **Jacksonville, FL 32217**

☐ DELETE

TITLE **V/S/D**
NAME **Farr, Thomas P.**
STREET ADDRESS **512 Delancy Street**
CITY-ST-ZIP **Philadelphia, PA 19106**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T/D**
1.2 NAME **Farr, Jay A.**
1.3 STREET ADDRESS **4201 Baymeadows Rd.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32217**

☒ Change

☐ Addition

2.1 TITLE **V/S/D**
2.2 NAME **FARR, Thomas P.**
2.3 STREET ADDRESS **4201 Baymeadows Rd.**
2.4 CITY-ST-ZIP **Jacksonville, FL 32217**

☒ Change

☐ Addition

3.1 TITLE **D**
3.2 NAME **FARR, Jon S.**
3.3 STREET ADDRESS **4201 Baymeadows Rd.**
3.4 CITY-ST-ZIP **Jacksonville, FL 32217**

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 dated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay A. Farr, President

Date

4/20/98

(904) 739-0700

Daytime Phone *

CR2E034 (10/97)