SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71013** **(9)**

1. Corporation Name

PAMAGRE, INC.

Principal Place of Business	Mailing Address
14479 S. TAMIAMI TRAIL FORT MYERS FL	14479 S. TAMIAMI TRAIL FORT MYERS FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business	16520 S. TAMIAMI TR
22 Suite, Apt. #, etc.	STE #16
23 City & State	FORT MYERS, FL.
24 Zip / 25 Country	33908 / LEE
26 2a. Mailing Address	16520 S. TAMIAMI TR.
27 Suite, Apt. #, etc.	STE #16
28 City & State	FORT MYERS FL.
29 Zip / 30 Country	33908 / LEE

4. FEI Number: 65-0362120 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIRENZO, ELAINE E. 3012 S.E. 22DN PLACE CAPE CORAL FL 33904	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	DIRENZO, ELAINE E.	12 NAME	
STREET ADDRESS	3012 S.E. 22ND PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DIRENZO, MATTHEW J.	22 NAME	
STREET ADDRESS	3012 S.E. 22ND PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DIRENZO, GREGORY A.	32 NAME	
STREET ADDRESS	3012 S.E. 22ND PLACE	33 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DIRENZO, PAMELA E.	42 NAME	
STREET ADDRESS	3012 S.E. 22ND PLACE	43 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 above, if changed, or on an attachment with an address.

SIGNATURE: Elaine E DiRenzo 7/29/95 (941)433-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106974 CP