

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90124 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G96840

1. Corporation Name
PACE ISLAND, INC.

Principal Place of Business
 1733 PACE ISLAND TRACE
 ORANGE PARK FL 32073

Mailing Address
 1733 PACE ISLAND TRACE
 ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/18/1984

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

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

4. FEI Number
59-2398490
 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNETH M. KEEFE, JR.
50 N. LAURA STREET, SUITE 3300
JACKSONVILLE 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	D	<input checked="" type="checkbox"/> DELETE
NAME	PACE, JOHN JR.	
STREET ADDRESS	MOCCASIN SLOUGH	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, SUSAN D	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEEFE, KENNETH M	
STREET ADDRESS	50 NORTH LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRISON, MELVIN R	
STREET ADDRESS	1733 PACE ISLAND TRACE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D,P,S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pace, T.W.	
1.3 STREET ADDRESS	1733 Pace Island Trace	
1.4 CITY-ST-ZIP	Orange Park, FL 32073	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wood, Susan D.	
2.3 STREET ADDRESS	1733 Pace Island Trace	
2.4 CITY-ST-ZIP	Orange Park, FL 32073	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Harrison, Melvin R.	
4.3 STREET ADDRESS	1733 Pace Island Trace	
4.4 CITY-ST-ZIP	Orange Park, FL 32073	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pace, W.H.	
5.3 STREET ADDRESS	1733 Pace Island Trace	
5.4 CITY-ST-ZIP	Orange Park, FL 32073	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Leach, Augusta P.	
6.3 STREET ADDRESS	1733 Pace Island Trace	
6.4 CITY-ST-ZIP	Orange Park, FL 32073	

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: *Susan Wood* SIGNATURE REQUIRED

3-17-99

904-264-8784

Date

Daytime Phone #

CR2E034 (1/198)