

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 10 AM 11:58

DOCUMENT # J02469 (1)

1. Corporation Name  
PACE ISLAND REALTY CORP.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1986 3a. Date of Last Report 01/31/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2654851		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEEFE, KENNETH M. JR. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE FL 32202				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 \_\_\_\_\_ (PLEASE TYPE OR PRINTED NAME OF REGISTERED AGENT AND THE # HEREON) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, JOHN H. JR.	1.2 NAME	
STREET ADDRESS	MOCCASIN SLOUGH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, SUSAN D.	2.2 NAME	
STREET ADDRESS	1733 PACE ISLAND TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILNER, FLORENCE D.	3.2 NAME	
STREET ADDRESS	1733 PACE ISLAND TRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(b), 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: Susan D. Wood 1-10-95 904-261-8784  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR