

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

FILED
Feb 20 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **L60681** (8)
1. Corporation Name
PAAVOLA BROTHERS, INC.



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|---|---|
| Principal Place of Business % GREGORY G. KEANE 900 E OCEAN BLVD SUITE 244 STUART FL 34994 | Mailing Address % GREGORY G. KEANE 900 E OCEAN BLVD SUITE 244 STUART FL 34994 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 GREGORY G. KEANE Suite, Apt. #, etc. | | 2a. Mailing Address 26 GREGORY G. KEANE Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 03/22/1990 | |
| 22 KEANE, MURPHY & HOUGH A LAW PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS 729 S. Federal Hwy., Suite 222 Stuart, Florida 34994 | | 27 KEANE, MURPHY & HOUGH A LAW PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS 729 S. Federal Hwy., Suite 222 Stuart, Florida 34994 | | 4. FEI Number 65-0183632 Applied For <input type="checkbox"/> Not Applicable | |
| 23 Zip 34994 | | 28 Zip 34994 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | | 29 | | 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent KEANE, GREGORY G. 900 E OCEAN BLVD SUITE 244 STUART FL 34994 <i>new address only</i> | | 10. Name and Address of New Registered Agent 81 Name GREGORY G. KEANE 82 Street Address (P.O. Box Number is Not Acceptable) 729 S. Federal Highway 83 Suite 222 84 City Stuart FL 85 Zip Code 34994 | |
|---|--|--|--|

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 *G. G. Keane* 1/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|----------------------------|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D PAAVOLA, ESKO | 1.2 NAME | |
| STREET ADDRESS | 7840 S.W. PARKWAY DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D PAAVOLA, VELI | 2.2 NAME | |
| STREET ADDRESS | 1800 SE HACKMAN TER | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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 in an attachment with an address.

SIGNATURE *Esko Paavola* 2-17-98 561 282 1742

CR2E034 (10/97)