

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N32547** (4)

95 FEB 20 AM 11:20

1. Corporation Name
PACEMAKERS, INC.

Principal Place of Business Mailing Address
C/O FRED HOBSON 2920 ALT. 19 NORTH DUNEDIN FL 34698
C/O FRED HOBSON 2920 ALT. 19 NORTH DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1989** 3a. Date of Last Report **03/22/1994**
4. FEI Number **59-2929126** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. **% GLENN HAYES** 26. **% GLENN HAYES**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **4973 S.E. INKWOOD WAY** 27. **4973 S.E. INKWOOD WAY**
City & State City & State
23. **HOBE SOUND FL** 28. **HOBE SOUND FL**
Zip Country Zip Country
24. **33455** 25. **MARTIN** 29. **33455** 30. **MARTIN**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HOBSON, FRED J.
2920 ALT 19 N
LOT 75
DUNEDIN FL 34698

10. Name and Address of New Registered Agent
81. Name **GLENN HAYES**
82. Street Address (P.O. Box Number is Not Acceptable) **4973 S.E. INKWOOD WAY**
83.
84. City **HOBE SOUND** FL 85. Zip Code **33455**

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 *Glenn Hayes - Secretary*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BANDONI, JOHN
STREET ADDRESS	2009 BAY BLVD
CITY - ST - ZIP	INDIAN ROCKS BCH FL
TITLE	D
NAME	MACLEOD, JOHN
STREET ADDRESS	3799 N. PASSION WAY
CITY - ST - ZIP	BEVERLY HILLS FL 34465
TITLE	D
NAME	HOBSON, FRED
STREET ADDRESS	2920 ALT. 19 N
CITY - ST - ZIP	DUNEDIN FL
TITLE	D
NAME	GILBERT, JAMES A
STREET ADDRESS	7531 SEGUNDO AVE
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MACLEOD, JOHN	
1.3 STREET ADDRESS	5799 N. PASSION WAY	
1.4 CITY - ST - ZIP	BEVERLY HILLS, FL 34465	
2.1 TITLE	D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McFADDEN, DAVID	
2.3 STREET ADDRESS	5004 SHORELINE DR	
2.4 CITY - ST - ZIP	POLK CITY, FL 33968	
3.1 TITLE	D ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAYES, GLENN	
3.3 STREET ADDRESS	4973 S.E. INKWOOD WAY	
3.4 CITY - ST - ZIP	HOBE SOUND, FL 33455	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAIRIS, JOE	
4.3 STREET ADDRESS	1236 MAPLE DR.	
4.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn Hayes* **GLENN HAYES - Secy** 2-7-95 407-221-3958
Signature and typed or printed name of signing officer or director (with) (Type in New 4)