

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

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 227509 (7)**

1. Corporation Name  
**M.M. PARRISH AND ASSOCIATES, INC.**



Principal Place of Business <b>HENRY W. BARBER, JR                  203 N.E. FIRST ST.                  GAINESVILLE FL 32601</b>	Mailing Address <b>HENRY W. BARBER, JR                  203 N.E. FIRST ST.                  GAINESVILLE FL 32601-5367</b>
---	--

3. Date Incorporated or Qualified <b>08/31/1959</b>	3a. Date of Last Report <b>03/15/1996</b>
4. FEI Number <b>59-6065614</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**BARBER, W. HENRY, JR.  
 203 N.E. FIRST ST.  
 GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>PARRISH, M M</b>	
STREET ADDRESS	<b>6706 S.W. 35TH WAY</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, AUDLEY C</b>	
STREET ADDRESS	<b>6705 SW 35TH WAY</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>RITCH, SANFORD C</b>	
STREET ADDRESS	<b>3325-3 PALMETTO</b>	
CITY - ST - ZIP	<b>ALACHUA FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PARRISH, JAMES M</b>	
STREET ADDRESS	<b>6618 SW 100TH LANE</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>PARRISH, MARY B</b>	
STREET ADDRESS	<b>6706 SW 35TH WAY</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>SEE ATTACHED SCHEDULE</b>	
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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.

SIGNATURE: *James M Parrish* 1/10/97 352-372-5375  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

SCHEDULE TO BE ATTACHED TO 1997 ANNUAL REPORT OF M. M. PARRISH & ASSOCIATES, INC.

JAMES F. NICKERSON	Vice President of Marketing
CURTIS E. CLIFFORD	Senior Vice President
JANE D. MYERS	Senior Vice President
CAROLYN T. POOLEY	Senior Vice President
JOANN WHITWORTH	Senior Vice President
RALPH CAMERON	Senior Vice President
WILLIAM G. EBERSOLE	Senior Vice President
ROBERT E. FOSTER	Senior Vice President
MARY SHANOR	Senior Vice President
STEPHEN R. ELWOOD	Senior Vice President
TOBA M. SMITH	Senior Vice President
LEE M. ABBOTT	Senior Vice President
BONNIE CAMERON	Senior Vice President
BARBARA R. MENZIES	Senior Vice President
DARLENE PIFALO	Vice President
ROSLYN LEVY	Vice President
SHELLEY THOMAS	Vice President
MARSHA DOLSAK	Vice President
ROBERT C. MUNI	Vice President