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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90043 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 227509

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



Principal Place of Business: HENRY W. BARBER, JR, 203 N.E. FIRST ST., GAINESVILLE FL 32601
 Mailing Address: HENRY W. BARBER, JR, 203 N.E. FIRST ST., GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1959
 4. FEI Number: 59-6065614
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23) and Mailing Address (2a-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields: Name, Street Address, City, Zip Code (FL).

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, M M	1.2 NAME	
STREET ADDRESS	6706 S.W. 35TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, AUDLEY C	2.2 NAME	Harris, Audley C.
STREET ADDRESS	6705 SW 35TH WAY	2.3 STREET ADDRESS	6705 SW 35th Way
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCH, SANFORD C	3.2 NAME	Ritch, Sanford E.
STREET ADDRESS	3325-3 PALMETTO	3.3 STREET ADDRESS	3325-3 Palmetto
CITY-ST-ZIP	ALACHUA FL	3.4 CITY-ST-ZIP	Alachua, FL
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, JAMES M	4.2 NAME	
STREET ADDRESS	6618 SW 100TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRISH, MARY B	5.2 NAME	Parrish, Susan D.
STREET ADDRESS	6706 SW 35TH WAY	5.3 STREET ADDRESS	6618 SW 100th Lane
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Gainesville, FL
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 2/19/99 DAYTIME PHONE #: 352 372 5370

CR2F034 (4-1/99)

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SCHEDULE TO BE ATTACHED TO 1999 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
ROSLYN LEVY	Vice President
SHELLEY THOMAS	Vice President
MARSHA DOLSAK	Vice President