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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 438192

PARKER, MEL REALTY, INC.

Principal Place of Business Mailing Address 965A DENTON BLVD. 965A DENTON BLVD. FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1497437 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible **Z**-Yes 24 25 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PARKER, (MELTON S.) 965 N. DENTON BLVD. Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32547 83 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. Parko (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE ☐ Change Addition TITLE 1.1 TITLE PARKER, MELTON S NAME 1.2 NAME 965 DENTON BLVD STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE SEC. Change Addition TITLE 2.1 TITLE PARKER, MELTON S. GOODHART, PATRICIA NAME 2.2 NAME 965A DENTUN BLUD 965 DENTON BLVD. 2.3 STREET ADDRESS STREET ADDRESS FT WALTON BEALLY R FT WALTON BCH, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

CIGNATURE.

850-862-7125 Fel 14 1998

FILED

Feb 23 1998 8:00am

Secretary of State