

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P94000070576 (1)**  
 1. Corporation Name  
**PARRAMORE CONSTRUCTION COMPANY, INC.**



Principal Place of Business  
**395-TIMBERCREEK-DRIVE**  
**WINTER-GARDEN-FL-34787**  
**US**

Mailing Address  
**395-TIMBERCREEK-DRIVE**  
**WINTER-GARDEN-FL-34787-2016**  
**US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1637 E. Vine St.	26	1637 E. Vine St.	09/22/1994	03/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied for Not Applicable
22 Suite E		27 Suite E		59-3271250	
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Kissimmee, Fl		28 Kissimmee, Fl.		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 34744	25 Osceola	29 34744	30 Osceola		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOWERY, DEION R 395-TIMBERCREEK-DRIVE WINTER-GARDEN-FL-34787				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1637 E. Vine Street Suite E			
				83			
				84 City			
				Kissimmee		FL	
				85 Zip Code		34744	

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 *Deion R. Lowery* PRES. TRS. DEION R. LOWERY DATE 4/11/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	<input type="checkbox"/> DELETE	1.1 TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	CR2E034 (9/96)
NAME	LOWERY, DEION		1.2 NAME	Lowery, Deion			
STREET ADDRESS	395 TIMBERCREEK DRIVE		1.3 STREET ADDRESS	11011 Groveshire Court			
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-ST-ZIP	Ocoee, Fl. 34761			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	VPS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			2.2 NAME	Simmons, Margaret Ann			
STREET ADDRESS			2.3 STREET ADDRESS	650 Hudson Street			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Kissimmee, Fl. 34741			
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 amendment with an address.

SIGNATURE: *Deion R. Lowery* P. T. DEION R. LOWERY 4/11/97 (407)932-0772