

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000098158

**Entity Name:** PARKER SANITATION II, INC.

**Current Principal Place of Business:**

90 FORT WADE ROAD  
SUITE 200  
PONTE VEDRA, FL 32081

**FILED**  
**May 25, 2020**  
**Secretary of State**  
**1921931033CC**

**Current Mailing Address:**

90 FORT WADE ROAD  
SUITE 200  
PONTE VEDRA, FL 32081 US

**FEI Number: 26-3648961**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SPEGAL, JOHN  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR  
Name SLATTERY, MICHAEL K.  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name CHIZMAR, BOB  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name EVERETT, JEFFREY  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name BACHHUBER, MELISSA  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name NIGHBOR, MARK  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name DEWAARD, DAN  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name SOFFERA, WILLIAM  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BOB CHIZMAR**

**VICE PRESIDENT**

**05/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name WILSON, TAMMY  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name SALATA, ZACHARY  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title ASSISTANT TREASURER  
Name CHIZMAR, BOB  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title ASSISTANT SECRETARY  
Name BACHHUBER, MELISSA  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title PRESIDENT  
Name SPEGAL, JOHN  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title ASSISTANT TREASURER  
Name SALATA, ZACHARY  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title TREASURER  
Name MCDONOUGH, KEVIN  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081

Title SECRETARY  
Name EVERETT, JEFFREY  
Address 90 FORT WADE ROAD  
SUITE 200  
City-State-Zip: PONTE VEDRA FL 32081