

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098158

Entity Name: PARKER SANITATION II, INC.

Current Principal Place of Business:

90 FORT WADE RD
PONTE VEDRA, FL 32081

Current Mailing Address:

90 FORT WADE RD
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 CEO, DIRECTOR
Name BURKE, RICHARD
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title CFO, TREASURER, DIRECTOR
Name CARN, STEVEN R.
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title SECRETARY
Name SLATTERY, MICHAEL K.
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title ASSISTANT SECRETARY
Name MILLS, CHRISTIAN B.
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name APPLEBY, CHARLES C.
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name BEALL, CHRISTOPHER
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name MILLER, JOHN
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name RINKLIN, MATTHEW
Address 90 FORT WADE RD
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: CHRISTIAN B. MILLS

ASSISTANT SECRETARY 04/10/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUDENBENDER, BRET
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name PARKER, JARED
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name QUINTELLA FILHO, WILSON
Address 90 FORT WADE RD
City-State-Zip: PONTE VEDRA FL 32081