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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 227509 1. Corporation Name

M.M. PARRISH AND ASSOCIATES, INC.

| (Al-(Al- 1 VI             | ALIGH AND ACCOUNTED                                                          | , 1,10.              |                      |               |                              |             | _                      |                                                              |                                         |                             |                               |                        |  |
|---------------------------|------------------------------------------------------------------------------|----------------------|----------------------|---------------|------------------------------|-------------|------------------------|--------------------------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------|------------------------|--|
| Principal Place           | of Business                                                                  | Mailing Address      |                      |               |                              |             |                        | 3 188118 11879 1                                             | 1811 (889) QIIII BI                     |                             |                               | eil #1511 1401         |  |
| HENRY W. BARI             | Ber. Jr                                                                      | HENRY W. BARBER, JR  |                      |               |                              |             |                        |                                                              |                                         |                             |                               |                        |  |
| 203 N.E. FIRST            | ST, .                                                                        | 203 N.E. FIRST ST.   |                      |               |                              |             |                        | 마스 사스포 새꾸                                                    | ITE IN THIS                             | SDACE                       |                               |                        |  |
| GAINESVILLE FI            | _ 32601                                                                      | GAINESVILLE FL 32601 |                      |               |                              |             |                        | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed |                                         |                             |                               |                        |  |
|                           |                                                                              |                      |                      |               |                              |             |                        | 08/31/1959                                                   | or Qualifed                             | ļ.                          |                               | 1                      |  |
| 2 Principal Pl            | ace of Business                                                              | 2a. Mai              | lling Address        |               |                              |             |                        | 4. FEI Number                                                |                                         |                             | Apr                           | olied For              |  |
|                           | ace of Busiless                                                              | 26                   |                      |               |                              |             |                        | 59-6065614                                                   |                                         |                             | <del></del>                   | Applicable             |  |
| Suite, Apt.               | # etc                                                                        | Suite, Apt. #, etc.  |                      |               |                              |             |                        |                                                              |                                         |                             | \$8.75 A                      |                        |  |
| 22                        | .,                                                                           | 27                   |                      |               |                              |             | -                      | 5. Certifcate of Star                                        | tus Desired                             |                             | Fee Re                        | quired                 |  |
| City & State              | 3                                                                            | City & State         |                      |               |                              |             |                        | 6. Election Campai                                           | gn Financing                            |                             | \$5.00                        | May Be                 |  |
| 23                        |                                                                              | 28                   |                      |               |                              |             | .                      | Trust Fund Cont                                              | -                                       |                             | Added to                      |                        |  |
| Zip                       | Country                                                                      | Zip                  | Zip Country          |               |                              |             |                        | 8. This corporation owes the current year Intangible         |                                         |                             |                               |                        |  |
| 24                        | 25                                                                           | 30                   |                      |               |                              |             | Personal Property Tax. |                                                              |                                         |                             |                               |                        |  |
|                           | 9. Name and Address of Curr                                                  | ent Registere        | d Agent              |               | <u> </u>                     |             |                        | 0. Name and Add                                              | ress of New                             | Registered                  | Agent                         |                        |  |
|                           |                                                                              |                      |                      |               | 81                           | Name        | •                      |                                                              |                                         |                             |                               |                        |  |
| BARBER, W. HENRY, JR.     |                                                                              |                      |                      |               | 82                           | Street      | t Address              | (P.O. Box Number                                             |                                         |                             |                               |                        |  |
|                           | N.E. FIRST ST.                                                               |                      |                      |               |                              |             |                        |                                                              |                                         |                             |                               |                        |  |
| GAIN                      | ESVILLE FL 32601                                                             |                      |                      |               | 83                           |             |                        |                                                              |                                         |                             |                               |                        |  |
|                           |                                                                              |                      |                      |               | 84                           | City        |                        |                                                              |                                         |                             | 85 Zip C                      | ode                    |  |
|                           |                                                                              |                      |                      |               | ļ l                          | •           |                        |                                                              |                                         | <u>_FL</u>                  |                               |                        |  |
| 11. Pursuant              | to the provisions of Sections 607.0<br>egistered agent, or both, in the Stat | 502 and 607.1        | 508, Florida Statute | s, the a      | bove                         | -named      | d corpora              | tion submits this star                                       | tement for the                          | purpose of<br>ent the appoi | changing its<br>ntment as rec | registered<br>iistered |  |
| οπice or re<br>agent. I a | egistered agent, or both, in the Statement of the obli-                      | gations of, Sec      | tion 607.0505, Flo   | ida Stat      | utes.                        | ale corp    | porations              | poard or directors.                                          | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .pr. o.o uppo               |                               | , • , •                |  |
| SIGNATURE                 |                                                                              |                      |                      |               |                              |             |                        |                                                              |                                         |                             |                               |                        |  |
|                           | Signature, typed or printed name of registered a                             |                      |                      |               | Agent                        | t signature | required wh            | en reinstating)                                              | NOTO TO O                               | DATE                        | ID DIBECTO                    | DC IN 12               |  |
| 12.                       |                                                                              | AND DIRECTO          | DELETE               | 13.           |                              |             |                        | ADDITIONS/CHA                                                | INGES TO OF                             | FICERS AN                   | ☐ Change                      | Addition               |  |
| TITLE                     | CD                                                                           |                      | _                    |               |                              |             |                        |                                                              |                                         |                             |                               |                        |  |
| NAME                      | PARRISH, M M                                                                 |                      |                      | 1.2 N         |                              |             | _                      |                                                              |                                         |                             |                               |                        |  |
| STREET ADDRESS            | 6706 S.W. 35TH WAY                                                           |                      |                      |               | 3 STREET ADDRESS             |             | S                      |                                                              |                                         |                             |                               | 1                      |  |
| CITY-\$T-ZIP              | GAINESVILLE FL                                                               |                      |                      | _             | 1.4 CITY-ST-ZIP              |             | -                      | or Vice Pre                                                  | cidon+                                  |                             |                               | Addition               |  |
| TITLE                     | V                                                                            |                      |                      |               |                              |             |                        |                                                              |                                         |                             | M Ourings                     |                        |  |
| NAME                      | IARRIS, AUDLEY C                                                             |                      | 1                    | 2.2 NAME      |                              |             | rris, Audle            |                                                              |                                         |                             |                               |                        |  |
| STREET ADDRESS            | 6705 SW 35TH WAY                                                             |                      |                      |               | 2.3 STREET ADDRESS           |             | s 6/1                  | 05 SW 35th<br>ines <u>ville,</u>                             | way                                     |                             |                               |                        |  |
| CITY-ST-ZIP               | GAINESVILLE FL<br>V                                                          |                      | M DELETE             | _             | 2.4 CITY-ST-ZIP<br>3.1 TITLE |             |                        | utive Vice                                                   |                                         | don+                        | [X] Change                    | Addition .             |  |
| TITLE                     | ·                                                                            |                      |                      | 3.2 NAME      |                              | 1           |                        |                                                              |                                         | <b>₩</b> 19-                |                               |                        |  |
| NAME                      | RITCH, SANFORD C 3325-3 PALMETTO                                             |                      | <del></del> -        |               |                              | ADDRESS     |                        | tch, Sanfor                                                  |                                         |                             | •                             | -                      |  |
| STREET ADDRESS            | ••••                                                                         |                      |                      |               |                              |             | 1 3.34                 | 25-3 Palmet                                                  | to                                      |                             |                               |                        |  |
| CITY-ST-ZIP               | ALACHUA FL                                                                   |                      | □ DELETE             | 4,1 TI        | ITY-S                        | 1-41        | _A.L                   | achua, FL                                                    |                                         |                             | ☐ Change                      | Addition               |  |
| TITLE                     | PD<br>Parrish, James M                                                       |                      |                      | 4.111<br>4.21 |                              |             | 1                      |                                                              |                                         |                             | _ •                           | _                      |  |
| NAME                      |                                                                              |                      |                      |               |                              | ADDRESS     | ا                      |                                                              |                                         |                             |                               | ŀ                      |  |
| STREET ADDRESS            | 6618 SW 100TH LANE                                                           |                      |                      |               | ITY-SI                       |             | <u> </u>               | •                                                            |                                         |                             |                               |                        |  |
| CITY-ST-ZIP               | GAINESVILLE FL                                                               | <del></del>          | X DELETE             | 5.1 TI        |                              | 1-ZIP       | <del> </del>           |                                                              |                                         |                             | ☐ Change                      | Addition               |  |
| TITLE                     | STD<br>DADDICH MADY R                                                        |                      | W orreie             | 5.1 N         |                              |             | Sec                    | cretary-Tre                                                  | easurer                                 |                             |                               | <u>~</u>               |  |
| NAME<br>OTDEST ADODESS    | PARRISH, MARY B<br>6706 SW 35TH WAY                                          |                      |                      |               |                              | ADDRESS     | I 6                    | rrish, Susa                                                  |                                         |                             |                               |                        |  |
| STREET ADDRESS            | GAINESVILLE FL                                                               |                      |                      | T.            | TY-S1                        |             |                        | 8 SW 100th                                                   |                                         |                             |                               | }                      |  |
| CITY-ST-ZIP               | OMINESVILLE FL                                                               | ···                  | ☐ DELETE             | 6.1 TI        |                              |             | Gai                    | nesville, f                                                  | L                                       | <u> </u>                    | Change                        | Addition               |  |
|                           |                                                                              |                      |                      | 6.2 N         |                              |             | 1                      | •                                                            |                                         |                             | _ •                           | _                      |  |
| NAME<br>CTREET ADORESS    |                                                                              |                      |                      |               |                              | ADDRESS     | s                      |                                                              |                                         |                             |                               | ł                      |  |
| STREET ADORESS            |                                                                              |                      |                      |               | TY-ST                        |             |                        |                                                              |                                         |                             |                               | ĺ                      |  |
| CITY-ST-ZIP               |                                                                              |                      |                      | 0.70          |                              |             | 1                      |                                                              |                                         |                             |                               |                        |  |

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.

SIGNATURI

CITY-ST-ZIP

3523725370

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90043 027 \*\*\*150.00

SCHEDULE TO BE ATTACHED TO 1999 ANNUAL REPORT OF M. M. PARRISH & ASSOCIATES, INC.

JAMES F. NICKERSON CURTIS E. CLIFFORD JANE D. MYERS CAROLYN T. POOLEY JOANN WHITWORTH RALPH CAMERON WILLIAM G. EBERSOLE ROBERT E. FOSTER MARY SHANOR STEPHEN R. ELWOOD TOBA M. SMITH LEE M. ABBOTT BONNIE CAMERON BARBARA R. MENZIES ROSLYN LEVY SHELLEY THOMAS MARSHA DOLSAK

Vice President of Marketing Senior Vice President Vice President Vice President Vice President