

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 253082 (2)

1. Corporation Name

PARK CENTER INC

Principal Place of Business

**EDWARD FRANK ROEHRICH
1105 ROUTE 1
LAKE PARK FL 33403**

Mailing Address

**EDWARD FRANK ROEHRICH
1105 ROUTE 1
LAKE PARK FL 33403**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1961

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0947285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ROEHRICH, E F
1105 US HWY #1
LAKE PARK FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
ROEHRICH, E F
1105 RT 1
LAKE PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
ROEHRICH, FELICIA
194 LAKE DRIVE
PALM BEACH SHORES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
ASKEW, SHARON R.
15777 129TH PLACE NORTH
JUPITER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
RIDELLA CLAIRE A.
3737 GULL ROAD
PALM BEACH GARDENS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☒ Addition

**VP
WRIGHT, DONALD O.
939 BRUNSWICK LANE
ROCKLEDGE, FL 32955**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

**S
SCOTT, MARGARET A.
8551 SOUNDINGS PLACE
HOBE SOUND, FLA. 33455**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Margaret A. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET A. SCOTT

SECRETARY

4/25/95

DATE

4/27/95

DATE