FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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95 APR 26 PM 11:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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DOCUMENT # **363346** **(8)**

1. Corporation Name
POWER PARKS OF AMERICA, INC.

Principal Place of Business	Mailing Address
6542 CHRISTOPHER POINT JACKSONVILLE FL 32217	6542 CHRISTOPHER POINT JACKSONVILLE FL 32217

3. Date Incorporated or Qualified: **04/29/1970**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 2061 EMERSON ST UNIT B JACKSONVILLE FL 32207	26 6542 CHRISTOPHER POINT WEST JAX FL 32217
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: **59-1290906** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SURFACE,J FRANK 200 LAURA ST. SUITE 1200 JACKSONVILLE FL 32202	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	JENKINS, ARCHIE O.	12 NAME	JENKINS, ARCHIE O.	
STREET ADDRESS	6542 CHRISTOPHER POINT	13 STREET ADDRESS	174 SAN JUAN DR	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	JENKINS,TIM M	22 NAME		
STREET ADDRESS	309 PONTE VEDRA BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	SURFACE, J. FRANK JR.	32 NAME	SURFACE, J FRANK JR.	
STREET ADDRESS	200 LAURA ST. #1200	33 STREET ADDRESS	50 N. LAURA ST STE. 2800	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JAX. FL 32202	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4/26

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 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.

SIGNATURE: _____ 904-737-0950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARCHIE O JENKINS

0018037 CP