# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:36

DOCUMENT # 389900 (2)

1. Corporation Name
JOHN F. PARSONS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 EAST KENNEDY BOULEVARD, SUITE 3200<br>TAMPA FL 33602-5133 | 101 EAST KENNEDY BOULEVARD, SUITE 3200<br>TAMPA FL 33602-5133 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1971
3a. Date of Last Report: 06/15/1994

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)

4. FEI Number: NOT APPLICABLE ☐ 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

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

9. Name and Address of Current Registered Agent

SALEM, RICHARD J., ESQ.
101 E. KENNEDY BOULEVARD, SUITE 3200
TAMPA FL 33601

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VDS | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KORBMANN, MARIANNE | 1.2 NAME | |
| STREET ADDRESS | SALT CREEK ESTATE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELIZE DISTRICT BE | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOERENSEN, SOEREN | 2.2 NAME | |
| STREET ADDRESS | #7 GABRIEL LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELIZE CITY, BELIZE | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BECH, CHRISTIAN | 3.2 NAME | |
| STREET ADDRESS | PEARL ESTATE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | COWPEN DISTRICT BE | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MEHLUM, LAILA | 4.2 NAME | |
| STREET ADDRESS | MONKEY RIVER ESTATE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO DISTRICT BE | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☒ Change ☐ Addition |
| NAME | PALMELUNO, KARIN | 5.2 NAME | PALMELUND, KARIN |
| STREET ADDRESS | SWASEY RIVER ESTATE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | COW PEN DISTRICT BE | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | JOERGENSEN, POUL | 6.2 NAME | |
| STREET ADDRESS | 62 CEMETARY ROAD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELIZE CITY BE | 6.4 CITY-ST-ZIP | |

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIANNE KORBMANN, DIRECTOR
Date
Daytime Phone #

0389900 CP

ONE BARNETT PLAZA • 101 E. KENNEDY BOULEVARD • SUITE 3200 • TAMPA, FLORIDA 33602 • (813) 224-9000 • FAX (813) 221-8811

380900

SALEM, SAXON & NIELSEN
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DAVID J. TONG
CATHERINE M. WADLEY

MARK HUNTER
OF COUNSEL

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

March 16, 1995

The Secretary of State
Division of Corporations
Annual Reports
Caller Service #1500
Tallahassee, FL 32302-1500

Re: John F. Parsons, Inc.
Our File No. 021777.01

Dear Sir/Madam:

In connection with the above-referenced matter, please find enclosed for filing with your office a fully completed and executed 1995 Corporation Annual Report. In addition, please find enclosed the Corporation's Check No.'s 0094 & 0095, made payable to the Florida Department of State, in the amount of $200.00 and $8.75 respectively, to pay the applicable filing fees and certificate of status fees.

If you have any questions regarding the enclosures, please do not hesitate to contact this office. With kindest personal regards, I am

Very truly yours,

SALEM, SAXON & NIELSEN, P.A.

Karen A. Guito

Karen A. Guito
Paralegal

KG/
Enclosures

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38990D

Additional Directors

| | |
|---|---|
| 7.1 Title | D |
| 7.2 Name | Joergen Olsen |
| 7.3 Street address | Monkey River Estate |
| 7.4 City,St,ZIP | Toldeo District, Belize, Central America |