FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **389900** **(2)**

1. Corporation Name

JOHN F. PARSONS INC.

Principal Place of Business	Mailing Address
101 EAST KENNEDY BOULEVARD. SUITE 3200 TAMPA FL 33602-5133	101 EAST KENNEDY BOULEVARD. SUITE 3200 TAMPA FL 33602-5133

3. Date Incorporated or Qualified: **10/19/1971**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 1/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when designating)

12. OFFICERS AND DIRECTORS		
TITLE	VDS	☐ DELETE
NAME	KORBMANN, MARIANNE	
STREET ADDRESS	SALT CREEK ESTATE	
CITY-ST-ZIP	BELIZE DISTRICT BE	
TITLE	PD	☐ DELETE
NAME	SOERENSEN, SOEREN	
STREET ADDRESS	#7 GABRIEL LANE	
CITY-ST-ZIP	BELIZE CITY, BELIZE	
TITLE	D	☐ DELETE
NAME	BECH, CHRISTIAN	
STREET ADDRESS	PEARL ESTATE	
CITY-ST-ZIP	COWPEN DISTRICT BE	
TITLE	D	☐ DELETE
NAME	MEHLUM, LAILA	
STREET ADDRESS	MONKEY RIVER ESTATE	
CITY-ST-ZIP	TOLEDO DISTRICT BE	
TITLE	D	☒ DELETE
NAME	PLAMELUND, KARIN	
STREET ADDRESS	SWASEY RIVER ESTATE	
CITY-ST-ZIP	COW PEN DISTRICT BE	
TITLE	D	☒ DELETE
NAME	JOERGENSEN, POUL	
STREET ADDRESS	92 CEMETARY ROAD	
CITY-ST-ZIP	BELIZE CITY BE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	MICHAEL FERSLEV	
1.3 STREET ADDRESS	SALT CREEK ESTATE	
1.4 CITY-ST-ZIP	BELIZE DISTRICT BE	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	SUSANNE JENSEN	
2.3 STREET ADDRESS	SALT CREEK ESTATE	
2.4 CITY-ST-ZIP	BELIZE DISTRICT BE	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: SOREN SORENSEN 1/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

BELIZE C.A. # 501-6-22082