

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 389900

1. Corporation Name

John F. Parsons, Inc.

Principal Place of Business

**101 E. Kennedy Blvd.
 Suite 3200
 Tampa, FL 33602-5133**

Mailing Address

**101 E. Kennedy Blvd.
 Suite 3200
 Tampa, FL 33602-5133**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/19/71

3a. Date of Last Report
7/31/96

4. FEI Number

N/A

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 Blvd., Suite 3200
 Tampa, FL 33602**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDS	<input type="checkbox"/> DELETE
NAME	Korbmman, Marianne	
STREET ADDRESS	Salt Creek Estate	
CITY, ST, ZIP	Belize District, BE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Soerensen, Soeren	
STREET ADDRESS	#7 Gabriel Lane	
CITY, ST, ZIP	Belize City, BE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Bech, Christian	
STREET ADDRESS	Pearl Estate	
CITY, ST, ZIP	Cowpen District, BE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Mehlum, Laila	
STREET ADDRESS	Monkey River Estate	
CITY, ST, ZIP	Toledo District, BE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ferslev, Michael	
STREET ADDRESS	Salt Creek Estate	
CITY, ST, ZIP	Belize District, BE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Jensen, Susanne	
STREET ADDRESS	Salt Creek Estate	
CITY, ST, ZIP	Belize City, BE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****173.75**

14. I do 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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOEREN SOERENSEN

Date

Daytime Phone #

Handwritten: 23/4/97

Handwritten: 305 875/661

CR2E034 (9/96)