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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

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NAME

STREET ADDRESS

Zip

Suite, Apt. #, etc.

City & State

532751

(5)

Suite, Apt. #, etc.

City & State

THE PARKINS INVESTMENT SECURITIES CORPORATION

Principal Place of Business Mailing Address 1600 E ROBINSON STREET 1600 E ROBINSON STREET SUITE 400 ORLANDO FL 32803 **SUITE 400** ORLANDO FL 32903 2. Principal Place of Business 2a. Mailing Address

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3. Date Incorporated or Qualified

04/30/1977 Applied For FEI Number 59-1733808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

FILED

Feb 05 1998 8:00am

Secretary of State

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

8. This corporation owes or has paid the current year Intangible

9. Name and Address of Current Registered Agent PARKINS, JR., RAYMOND A PH.D. 1600 E ROBINSON STREET STE 400 ORLANDO FL 32803

Country

	Torsenari reporty rax aso care as:			
	10. Name and Address of New Registered A	gent		
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.

Country

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PSTD DELETE 1.1 TITLE TITLE PARKINS, RAYMOND A JR 1.2 NAME NAME 1516 LAKESHORE DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6.1 TITLE TITLE

CITY-ST-ZIP 14. I 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 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 emported 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP