

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAR 16 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 616460 (2)

1. Corporation Name
PARROTT DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
10721 NW 4TH AVE 10721 NW 4TH AVE
OKEECHOBEE FL 34972 OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/04/1979
3a. Date of Last Report 02/23/1994

4. FEI Number 59-1899014
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARROTT, BOYD G
10721 NW 4TH AVE
OKEECHOBEE FL 33472

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME PARROTT, BOYD G
STREET ADDRESS RT 7 BOX 3737
CITY-ST-ZIP OKEECHOBEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME Parrott, Boyd G
1.3 STREET ADDRESS 10721 NW 4th Ave.
1.4 CITY-ST-ZIP Okeechobee, Fl. 34972-0833
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Boyd G. Parrott 3-13-95 763-7748
DATE DAY/MONTH/YEAR