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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 616460 1. Corporation Name

PARROTT DISTRIBUTORS, INC.

Philo	apar riace or busine	33
10721	NW 4TH AVE	
OKEE	CHAREE EL 24972	

Mailing Address

10721 NW 4TH AVE OKEECHOBEE FL 34972

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90021 045 \*\*\*150.00



UNILEU. 10000 1				•	DO NOT WRITE IN THIS SP	ACE
					3. Date Incorporated or Qualifed	
					04/04/1979	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1899014	.Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	_			8.75 Additional
22	<i>"</i> , στο-	27			5. Certifcate of Status Desired	Fee Required
City & State	·	City & State			6. Election Campaign Financing	\$5.00 May Be
<b>一</b> ・	•	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	TV	8. This corporation owes the current year Intang	
		├ <del>-</del>	30	,		Yes □No
24	25		30	-	10. Name and Address of New Registered Age	
	9. Name and Address of Current	t Registered Agent		1 Name	10. Realife dita reaction of the language	
DADE	DOTT BOVO C		ľ	Name		
	ROTT, BOYD G		1	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	21 NW 4TH AVE		_			
OKE	ECHOBEE FL 33472		[8	13		
			ļ.	14 6:5	<u> </u>	B5 Zip Code
			'	4 City	FLÍ	21p COGC
11 Durance	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the shr	we-named com	oration submits this statement for the purpose of characteristics	anging its registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	ithorized t	by the corporation	on's board of directors. I hereby accept the appointm	ent as registered
SIGNATURE						
	Signature, typed or printed name of registered agen			gent signature require		DIDECTORS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE	PD	☐ DELETE	1.1 1111	E	L	J Change
NAME	PARROTT, BOYD G		1.2 NAW	E		
STREET ADDRESS	10721 NW 4TH AVE		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CiTY	-ST-ZIP		
TITLE		☐ DELETÉ	2.1 TITL	E		Change
NAME			2.2 NAM	E		
		~		EET ADDRESS		
STREET ADORESS		• • •		1		
CITY-ST-ZIP		- Devet		Y-ST-ZIP		Change Addition
TITLE		☐ DÉLETE	3.1 TITL		<u> </u>	
NAME			3.2 NAM	E [		
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		DELETE	4.1 TITL	E		Change Addition
NAME			4. 2 NA	AE		
STREET ADDRESS	1		43 STD	EET ADDRESS		
	1		1	-ST-ZIP		
CITY-ST-ZIP		□ DELETE	5.1 TITL		Г	Change Addition
TITLE	1	□ bereie	5.1 IIIL	I .		
NAME	1					
STREET ADDRESS				EETADDRESS		
CITY-ST-ZIP				'-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL	E		Change Addition
NAME ,			6.2 NAM	E		
STREET ADDRESS		•	6.3 STR	EET ADDRESS	,	
5		·	64 CTT	, ST. 7IP		

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 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, with all other like empowered.

SIGNATURE: