FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible].00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mort[illegible]
Secretary of St[illegible]
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 679785 (6)

1. Corporate Name
A DEAN PARKS CORPORATION

Principal Place of Business
1385 W. GRANADA BLVD
SUITE 1
ORMOND BEACH FL 32174

Mailing Address
1385 W. GRANADA BLVD
SUITE 1
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1980
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21
Suite Apt. # or P.O.
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt. # or P.O.
27
City & State
28
29 30

4. FEI Number: 59-2016841 — 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. Has corporation has liability for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PALMETTO CHARTER SERVICE, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32014

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 Section 607.0505, Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	PARKS, DEAN L
Street Address	1385 W. GRANADA BLD #1
City, State, Zip	ORMOND BEACH FL
TITLE	D
NAME	PARKS, DEAN L
Street Address	1385 W GRANADA BLD #1
City, State, Zip	ORMOND BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Type or Print)

TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
TITLE	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	

14. I hereby certify that the information contained herein, including any information contained on any attached pages, is accurate and that authorization has been given to file this report. I further certify that I am a director or officer of the corporation or the registered agent, or a trustee appointed to wind up the affairs of the corporation pursuant to Section 607.1405, Florida Statutes, and that my name appears above, or on an attached page, with an asterisk.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT [illegible]

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