

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998.
AMOUNT DUE ON OR BEFORE 8/8/98: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$155)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 700314 (8)
1. Corporation Name
TERRY PARKER BAND ORGANIZATION, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:41

Principal Place of Business Mailing Address
7301 PARKER SCHOOL RD. 7301 PARKER SCHOOL RD.
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/13/1960	3a. Date of Last Report 07/15/1994
4. FBI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under a 1991 Act 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILUISIS, VIRGINIA
4424 PALMETTO INLET, W.
JACKSONVILLE FL 32277

81 Name Sandra L. Menefee	85 Zip Code 32277
82 Street Address (P.O. Box Number is Not Acceptable) 4117 Wilcrest Ct	
83 City Jacksonville	
84 State FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Sandra L. Menefee DATE July 31, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
PD	MENEFFEE, DOUG	4117 WILCREST CT.	JACKSONVILLE FL																								
VD	HARVEY, JOHN	8180 MONTASONTA AVE.	JACKSONVILLE FL																								
VD	GREEN, DOUG	3690 SANDBURG RD.	JACKSONVILLE FL																								
SD	FLOWERS, JACQUELYN	5734-3 ANSLEY ST.	JACKSONVILLE FL 32211																								
TD	GREER, JOHN	3563 HOOVER LANE	JACKSONVILLE FL																								
D	GREEN, WARD	1301 HOLLYHOCK CIR., WEST	JACKSONVILLE FL 32211																								

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Sandra L. Menefee DATE 7-31-95 DAYTIME PHONE # 720-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR