FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -4 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730271 (4)

1. Corporation Name
PAR PROPERTIES, INC.

Principal Place of Business	Mailing Address
10901 C ROOSEVELT BLVD 1000 ST PETERSBURG FL 33716	10901 C ROOSEVELT BLVD 1000 ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1974
3a. Date of Last Report: 04/13/1994
4. FEI Number: 23-7414040 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLETTI, SHIRLEY
10901C ROOSEVELT BLVD, STE 1000
ST. PETERSBURG FLORIDA 33716

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 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] 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	P	☐ Change ☒ Addition
NAME	SPEARS,VICKI	1.2 NAME	COLETTI, SHIRLEY	
STREET ADDRESS	150 2ND AVE., N.	1.3 STREET ADDRESS	10901-C ROOSEVELT BLVD., SUITE 1000	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	TSD	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	SCHULER, TIMOTHY	2.2 NAME	MCDONALD, JANICE	
STREET ADDRESS	7843 SEMINOLE BOULEVARD	2.3 STREET ADDRESS	10901-C ROOSEVELT BLVD., SUITE 1000	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	ST.PETERSBURG, FL 33716	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTIANO, ED	3.2 NAME		
STREET ADDRESS	13700 ROOSEVELT BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HUNNICUTT, WARREN, JR	4.2 NAME		
STREET ADDRESS	TWO CORPORATE DRIVE SUITE 600	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SWEAT, GARY	5.2 NAME		
STREET ADDRESS	100 2ND AVENUE NORTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] VICKI SPEARS 3/28/95 (813)570-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

00M460