

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

09/23/1974

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

John T. Young

82 Street Address (P.O. Box Number is Not Acceptable)

10901C Roosevelt Blvd., Ste 1000

83

84 City

St. Petersburg

FL

85 Zip Code

33716

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

Signature, typed, printed name of registered agent and title if applicable

John T. Young, CEO

(NOTE: Registered Agent signature required when reinstating)

7/21/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME COLETTI, SHIRLEY  
STREET ADDRESS 10901-C ROOSEVELT BLVD., SUITE 1000  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME TSD  
SCHULER, TIMOTHY  
STREET ADDRESS 7643 SEMINOLE BLVD  
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME D  
CHRISTIANO, ED  
STREET ADDRESS 13790 ROOSEVELT BLVD  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME D  
HUNNICUTT, WARREN, JR  
STREET ADDRESS TWO CORPORATE DRIVE SUITE 600  
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ DELETE

NAME VP  
NERI, ROBERT  
STREET ADDRESS 10901-C ROOSEVELT BLVD., STE. 1000  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ DELETE

NAME CD  
SPEARS, VICKI  
STREET ADDRESS 10901-C ROOSEVELT BLVD SUITE 1000  
CITY-ST-ZIP ST PETE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

D

Mark S. Davis  
935 Main Street, Suite C-3  
Safety Harbor, FL 34695

D

James M. Mills Paugh  
110 Turner Street  
Clearwater, FL 34616-5211

C, D

Albert N. Justice  
19329 U.S. Highway 19 North, Ste. 100  
Clearwater, FL 33764

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-98

Date

Daytime Phone #

CR2E037 (5/98)