

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757598 (8)

1. Corporation Name

P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2507
LARGO FL 34649-2507P.O. BOX 2507
LARGO FL 33778-25073. Date Incorporated or Qualified
04/16/19813a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2099496

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRINS, STEVE
5000 82ND AVE N
PINELLAS PARK FL 34665

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 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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROMEO, DALE	
STREET ADDRESS	10750 ULMERTON RD	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PRINS, STEVE	
STREET ADDRESS	5000 82ND AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SALCH, MARY ANN	
STREET ADDRESS	5000 82ND AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPARITO, JOHN	
STREET ADDRESS	3409 HARROW ROAD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STERLING, TERRY	
STREET ADDRESS	10750 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, RETA	
STREET ADDRESS	10850 ULMERTON RD	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Walker	
1.3 STREET ADDRESS	14562 Vista Lane	
1.4 CITY-ST-ZIP	Largo, FL 34644	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ron Kemerer	
2.3 STREET ADDRESS	4017 56 Ave. N.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33714	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wayne Butler	
6.3 STREET ADDRESS	304 1st Street	
6.4 CITY-ST-ZIP	Indian Rocks, FL 33755	

14. I do 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: *Stephan A. Prins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 1997 (813) 541-0713

Date

Daytime Phone # 0052062

CR2E037 (9/96)