


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 757598					
1. Corporation Name P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC.					
Principal Place of Business P.O. BOX 2507 LARGO FL 33779 US			Mailing Address P.O. BOX 2507 LARGO FL 33779 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/16/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2099496	
24 Country		29 Country		30	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WARREN, THOM 11195 70TH AVE N SEMINOLE FL 33772				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				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 STEVE C. STRONG DATE 01/18/99

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME P STREET ADDRESS WARREN, THOM CITY-ST-ZIP 11195 70TH AVE N SEMINOLE FL 33772				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME VP STREET ADDRESS WARMAN, JAMES CITY-ST-ZIP 260 CLEVELAND AVE S.W. LARGO FL 33770				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VP 2.3 STREET ADDRESS JAMES WARMAN 2.4 CITY-ST-ZIP 250 CLEVELAND AVE S.W. LARGO FL 33770			
TITLE <input type="checkbox"/> DELETE NAME T STREET ADDRESS STRONG, STEVE CITY-ST-ZIP 250 CLEVELAND AVE S.W. LARGO FL 33770				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS LIPARITO, JOHN CITY-ST-ZIP 3409 HARROW ROAD SPRING HILL FL 34606				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME SECRETARY 4.3 STREET ADDRESS RON KEMERER 4.4 CITY-ST-ZIP 4017 56TH AVE. N. ST. PETE FLA. 33714			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS MINDER, RANDY CITY-ST-ZIP 11195 70TH AVE N SEMINOLE FL 33772				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME D 5.3 STREET ADDRESS RANDY HINDER 5.4 CITY-ST-ZIP 11195 70TH AVE. N. SEMINOLE FL 33772			
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS SACCASYN, ERIC CITY-ST-ZIP 250 WESTLAKE RD PALM HARBOR FL 34683				6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME D 6.3 STREET ADDRESS ERIC SACCASYN 6.4 CITY-ST-ZIP 5340 WEST KENNDY BLVD. TAMPA FL. 33609			

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, with all other like empowered.

SIGNATURE: STEVE C. STRONG DATE 01/18/99 DAYTIME PHONE # 727-587-673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)