

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F16131

(7)

1. Corporation Name

PARCUR, INC.

Principal Place of Business

7400 BAYMEADOWS WAY, STE. 210
JACKSONVILLE FL 32256
US

Mailing Address

7400 BAYMEADOWS WAY, STE. 210
JACKSONVILLE FL 32256
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1981

3a. Date of Last Report

01/25/1994

2. Principal Place of Business

21

2b. Mailing Address

26

1035 S.E. LAKE LANE

4. FEI Number

59-2070610

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

KEYSTONE HTS FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Zip

Country

32656

CLAY

8. This corporation has liability for intangible tax under S. 199 (39)
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURRY, PAUL

~~STAR RT 1, BOX 48~~

~~PALATKA FL 32177~~

address change only!

81 Name

D. PAUL CURRY

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

83 1035 S.E. LAKE LANE

84 City

KEYSTONE HEIGHTS FL

85 Zip Code

32656

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 (typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTS

CURRY, D. PAUL

STAR RT 1, BOX 48

PALATKA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PTS

CURRY, D. PAUL

1035 S.E. LAKE LANE

KEYSTONE HEIGHTS FL 32656

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DAVID T. PARKS

109 Shore Rush Dr

ST. SIMONS ISLAND, GA. 31522

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 the 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14, or on an attachment with all addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. PAUL CURRY

4-29-95

904-473-1159