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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98264

| Corporation | n Name | | | | | |
|--|--|---------------------------------------|--------------------|-----------------|--|-------|
| PARRISH | I ENGINEERING, INC. | | | | | |
| | | | | | L HERMARE HAR BERG HERM HERM HERM RICH EINE BERG BERG BERG BERG BERG BERG BERG BER | II. |
| | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | • |
| 1130 N W 23RD AVENUE P O BOX 14466 | | | | | | |
| GAINESVILLE FL 32609 GAINESVILLE FL 32604-46 | | | | | DO NOT WRITE IN THIS SPACE | |
| US US | | | | | 3. Date Incorporated or Qualifed | _ |
| | | | | | 09/07/1982 | |
| 2. Principal Place of Business 2a. Mailing Address | | 2a. Mailing Address | | | 4. FEI Number Applied For | |
| 21 26 | | — · | | | 59-2233133 Not Applical | ole |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & State | e | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the current year Intangible | |
| 24 | 25 | | 30 | | Personal Property Tax. | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | l Name | 10. Name and Address of New Registered Agent | |
| PARI | RISH, J. PATRICK | | | | | |
| 1130 N.W. 23RD AVE. | | | 82 | Street / | et Address (P.O. Box Number is Not Acceptable) | |
| GAINESVILLE FL 32609 | | | 83 | 1 | | |
| | | | | | | |
| | | | 84 City | | FI 85 Zip Code | |
| 11 Dumuont | to the provisions of Sections 607 050 | 02 and 607 1508. Florida Statute | s the abov | /e-named | d accounting authority this statement for the nursose of changing its registere | đ |
| office or re | egistered agent or both, in the State | of Florida. Such change was aut | inorizea di | / the como | poration's board of directors. I hereby accept the appointment as registered | |
| agent. I ar | m familiar with, and accept the obliga | ations of, Section 607,0000, Flori | ua Siaibie | 3. | | |
| SIGNATURE | Signature, typed or printed name of registered age | ant and title if applicable. (NOTE: F | Registered Age | ent signature n | e required when reinstating) DATE | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PST □ DELETE | | 1.1 TITLE | | X Change . ☐ Add | .tion |
| NAME | PARRISH, J PATRICK | | 1.2 NAME | | (00) | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 32606 | | | | Gainesville, FL 32653· | tion. |
| TITLE | DELETE | | 2.1 TITLE | | ☐ Change ☐ Add | TIÇIT |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | :SS | | 2.3 STREET ADDRESS | | s | |
| CITY-ST-ZIP | □ DELETE | | 2. 4 CITY-ST-ZIP | | ☐ Change ☐ Add | tion |
| TITLE | DELETE | | 3.1 TITLE | | Orlange C. Production | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | S | |
| CITY-ST-ZIP | DELETE | | 3.4. CITY-ST-ZIP | | ☐ Change ☐ Add | ition |
| TITLE | | | 4. 2 NAME | | | |
| NAME | | | | T ADDRESS | s | |
| STREET ADDRESS | | | 4.4 CITY- | | ~ | |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TITLE | | . Change Add | ition |
| NAME | | | 52 NAME | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | s | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Add | tion |
| NAME | | | 6.2 NAME | | | |
| i i | | | 63 STREE | ET ADDRESS | s | |

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 607, 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99

352-377-6668

Daytime Phone #