FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:29

DOCUMENT # G11543 (7)

1. Corporation Name
THE L. JAMES PARHAM COMPANY

Principal Place of Business	Mailing Address
270 FIRST AVE. S. STE. #201 ST. PETERSBURG FL 33701-4306	270 FIRST AVE. S. STE. #201 ST. PETERSBURG FL 33701-4306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1982
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21 696 1 Ave N Ste 202
Suite, Apt. #, etc. 22
City & State 23 St. Petersburg, FL
Zip 24 33701 Country 25 USA

2a. Mailing Address
26 PO Box 1600
Suite, Apt. #, etc. 27
City & State 28 St. Petersburg, FL
Zip 29 33731 Country 30 USA

4. FEI Number: 59-2245457 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARHAM, L. JAMES
~~380 8TH AVENUE #8~~
~~TIERRA VERDE FL 33715~~

10. Name and Address of New Registered Agent

81 Name: L. James Parham
82 Street Address (P.O. Box Number is Not Acceptable): 696 1 Ave N
83: Suite 202
84 City: St. Petersburg FL 85 Zip Code: 33701

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 _____ DATE
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	PD	11 TITLE	☒ Change	☐ Addition
NAME	PARHAM, L. JAMES	12 NAME		
STREET ADDRESS	380 8TH AVENUE #8	13 STREET ADDRESS	696 1 Ave N, Suite 202	
CITY ST ZIP	TIERRA VERDE FL	14 CITY ST ZIP	St. Petersburg, FL 33701	
TITLE	ST	21 TITLE	☒ Change	☐ Addition
NAME	TUCKER, S. V	22 NAME	☒	
STREET ADDRESS	270 FIRST AVENUE SOUTH, STE. 201	23 STREET ADDRESS	696 1 Ave N, Suite 202	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	St. Petersburg, FL 33701	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 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.

SIGNATURE: Victoria Tucker Victoria Tucker, Sec/Treas 4/4/95 (813) 821-6957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306338 CP