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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

101

•	MENT# G252 Name PARK REALTY, INC.	(63 (6	·1			
Principal Place	of Business	Mailing Address				818N 818N 518H 1881
3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 US		POST OFFICE BOX 5369 JACKSONVILLE FL 32247-5369 US				
				3. Date incorporated or Qualified 02/23/1983	3a. Date of Last 05/01/	
2. Principal Pia	ace of Business	2a. Mailing Address 26		4. FE! Number 59-2298934		Applied For
Suite, Apt #	#, etc.	Suite. Apt. #, etc.		33 2230304		Not Applicable
2	,	27		5. Certificate of Status Desired		5 Additional Required
City & State		Oity & State		6. Election Campaign Financing		-
3		28		Trust Fund Contribution		00 May Be ed to Fees
Zip Ti	Country	Ζφ	Country	8. This corporation has liability for	intangible tax under :	
4	O Name and Address of Co.	29	30	Florida Statutes 🔲 Yes	No	
	9. Name and Address of Currer	ni Hegistered Agent	81 Name	10. Name and Address of New R	Registered Agent	
MCGE	HEE, THOMAS R.		Name			
	PHILLIPS HWY		82 Street Ad	dress (P.O. Box Nuniber is Not Acceptab	ole)	
	ONVILLE FL 32207		83			
5. 15.10	The second					
			84 City		FL 85 Z	rp Code
14 Division to be						
familiär with SIGNATURE:	h, and accept the obligations of, Sect	ion 607.0505, Florida Statut	es	oration submits this statement for the pur lard of directors. Thereby accept the appo	ointment as registere	registered office d agent. I am
familiär with SIGNATURE:	h, and accept the obligations of, Sect Signal as speed or proted name of registers a per-	bon 607.0505, Florida Statut	NOTE Registered Apart signature respo	and or directors. Thereby accept the appoint	ointment as registere	d agent. I am
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Offy-ST-ZIF

JACKSONVILLE FL

14. I do hereby certify that the information supplied with this fing is valuntarily furnished and does not qualfy 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 ennual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 chapted or on an attachment with an artifess

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/96 (904) 34-8-3300

425/96 (904) 348-3300