PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G41830

1. Corporation Name

PARKER REALTY ASSOCIATES, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90119 023 ***150.00



Mailing Address Principal Place of Business 982 WEST BREVARD ST 982 WEST BREVARD ST TALLAHASSEE FL 32304-7730 TALLAHASSEE FL 32304-7730 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/25/1983 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number Not Applicable 59-2317986 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip This corporation owes the current year Intangible □No ☐ Yes 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent O'BRIEN, JOHN D. 82 Street Address (P.O. Box Number is Not Acceptable) 432 MCKENZIE PANAMA CITY FL 32401 83 Zip Code 84 City 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change □ DELETE 1.1 TITLE TITLE WITCHELL, BARRY A. 1.2 NAME NAME 982 W BREVARD ST. 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 21 DTLE ☐ Change ☐ Addition TITLE PUTNAM, DIANA 2.2 NAME NAME 1705 HARTSFIELD RD. 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 0 2.4 CITY-ST-ZIP CITY-ST-ZIP

Change Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 3.4. CITY-ST-ZIP DELETE __ Change ☐ Addition 4.1 TITLE TILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 chapter 607, or on an attackment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)