

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G64612 (6)

1. Corporation Name  
JUST PARKS, INC.

Principal Place of Business  
4337 Hamlin Way  
Wimauma, FL 33598

Mailing Address  
4337 Hamlin Way  
Wimauma, FL 33598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4337 Hamlin Way  
Wimauma, FL 33598

2a. Mailing Address  
4337 Hamlin Way  
Wimauma, FL 33598

3. Date Incorporated or Qualified  
10/12/1983

4. FEI Number  
50-2338985

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

21 Zip 33598 25 Country U.S.A. 29 Zip 33598 30 Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BODDEN, JOHN A.  
~~220 PEARL AVENUE~~  
~~SARASOTA, FL 34230~~  
3003 SWEET ORANGE DR.  
WIMAUMA, FL 33598

81 Name BODDEN, JOHN A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3003 SWEET ORANGE DR.  
83  
84 City WIMAUMA, FL 85 Zip Code 33598

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | P                           | <input type="checkbox"/> DELETE |
| NAME           | BODDEN, JOHN A.             | 3003 SWEET ORANGE DR.           |
| STREET ADDRESS | <del>220 PEARL AVENUE</del> | WIMAUMA, FL.                    |
| CITY-ST-ZIP    | <del>SARASOTA</del>         | 33598                           |
| TITLE          | ST                          | <input type="checkbox"/> DELETE |
| NAME           | BODDEN, REBECCA S.          | 3003 SWEET ORANGE DR.           |
| STREET ADDRESS | <del>220 PEARL AVENUE</del> | WIMAUMA, FL.                    |
| CITY-ST-ZIP    | <del>SARASOTA</del>         | 33598                           |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | 3003 SWEET ORANGE DR.  |
| 1.3 STREET ADDRESS | WIMAUMA, FL. 33598   |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | 3003 SWEET ORANGE DR.  |
| 2.3 STREET ADDRESS | WIMAUMA, FL. 33598   |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 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 changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)