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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE PARKINS INVESTMENT PROPERTIES CORPORATION

Timolpai Tiace et pasificas
% RAYMOND A. PARKINS. JR. 1600 EAST ROBINSON STREET ORLANDO FL 32803

Mailing Address

% RAYMOND A. PARKINS, JR.

FILED Feb 05 1998 8:00am Secretary of State



1600 EAST ROBINSON STREET ORLANDO FL 32903	1600 EAST ROBINSON STREET ORLANDO FL 32803		DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE			
			Date Incorporated or Qualified				
			10/17/1983				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21	26		59-2340390	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			88.75 Additional Fee Required			
City & State 23	City & State		Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	29 30	Country	8. This corporation owes or has paid the current Personal Property Tax due June 30.				
9. Name and Address of Curren	t Registered Agent		 Name and Address of New Registered Age 	ent			
PARKINS, JR., RAYMOND A PH.D.		81 Name	9				
1600 EAST ROBINSON STREET ORLANDO FL 32803		82 Stree	Street Address (P.O. Box Number is Not Acceptable)				
		83					
		84 City	FL. 1	Zip Code			
11. Pursuant to the provisions of Sections 607.0502	2 and 607,1508, Florida Statutes, the	above-name	d corporation submits this statement for the purpose of charge	anging its registered			

	and the state of t	, 00011011 001 (0000, 110	ilida Olalolco.			
SIGNATURE	Signature typed or printed name of registered agent and title it	I profession MATE	. Registered Agent signature regul			
12.	OFFICERS AND DIREC		13.		DATE	10.151.40
TITLE	PST OFFICERS AND DIRECT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO O		S IN 12 Addition
! ;			1		Change	L. AUGRIUM
NAME	PARKINS, RAYMOND A. JR.		1,2 NAME			
STREET ADDRESS	1516 LAKESHORE DR		1 3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST (ZIP)	3280 <u>3</u>		
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST-ZIP			
TITLE	Account to the second s	DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TIPLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6,4 CITY - ST-ZIP			

14. Thereby certify that the information supplied with this filling 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 empoyeered 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: