

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90030 050 ***150.00

DOCUMENT # H63993

1. Corporation Name

~~APPRAISAL FIRM OF JOHNSON & PARRISH, INC.~~

Johnson Parrish & Edwards, Inc

Principal Place of Business

~~% RICHARD K. BARRA~~

~~4400 PGA BLVD STE 800~~

~~PALM BEACH GARDENS FL 33410~~

US

Mailing Address

~~% RICHARD K. BARRA~~

~~4400 PGA BLVD STE 800~~

~~PALM BEACH GARDENS FL 33410~~

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1985

4. FEI Number

59-2550770

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 C/O Kenneth J. Parrish

Suite, Apt. #, etc.

22 4411 Beacon Circle, Ste. 4

City & State

23 West Palm Beach, FL

Zip

Country

24 33407

25 USA

2a. Mailing Address

26 C/O Kenneth J. Parrish

Suite, Apt. #, etc.

27 4411 Beacon Circle, Ste. 4

City & State

28 West Palm Beach, FL

Zip

Country

29 33407

30 USA

9. Name and Address of Current Registered Agent

BARRA, RICHARD K.
4400 PGA BLVD STE 800
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE DVS
NAME JOHNSON, THOMAS J.
STREET ADDRESS 4411 BEACON CIRCLE STE 4
CITY-ST-ZIP W. PALM BEACH FL

TITLE DPT ☐ DELETE

NAME PARRISH, J. KENNETH, JR.
STREET ADDRESS 4411 BEACON CIRCLE STE 4
CITY-ST-ZIP W. PALM BEACH FL

TITLE VP ☐ DELETE

NAME EDWARDS, BRIAN G
STREET ADDRESS 4411 BEACON CIR., #4
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *X* *APPROVED* *REGULAR PARRISH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 (561)8482522

Date Daytime Phone #

CR2E034 (11/98)

0328977