

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **J55819** (3)

1. Corporation Name

C.S. PARKER, INC.



Principal Place of Business

Mailing Address

**2504 HUNTINGTON AVE.
 SARASOTA FL 34232
 US**

**2504 HUNTINGTON AVE.
 SARASOTA FL 34232
 US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VINING, SALLY F.
 2410 FOSTER LANE
 SARASOTA FL 33579**

3. Date Incorporated or Qualified

02/02/1987

3a. Date of Last Report

08/08/1995

4. FEI Number

59-2786020

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 has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

2504 HUNTINGTON AVE

83

84 City

SARASOTA

FL

85 Zip Code

34232

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 of Registered Agent (must be signed and dated)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P
 VINING, CLIFFORD A.
 2504 HUNTINGTON AVE.
 SARASOTA FL**

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**ST
 VINING, SALLY F.
 2504 HUNTINGTON AVE.
 SARASOTA FL**

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

13.

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford A Vining 6-25-96

941-923-5118