

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 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 REVENUE
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K17414** (9)

1. Corporation Name

PARCEL & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% MARTIN W. PARCEL
1711 TIERRA ALTA DR
LAKELAND FL 33813

% MARTIN W. PARCEL
1711 TIERRA ALTA DR
LAKELAND FL 33813

3. Date Incorporated or Qualified
02/25/1988

3a. Date of Last Report
03/14/1995

4. FEI Number
59-2876360

Applied For
Not Applicable

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

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

9. Name and Address of Current Registered Agent

PARCEL, MARTIN W.
1711 TIERRA ALTA DR
LAKELAND FL 33813

1 Name

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

3

4 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly qualified officer or registered agent, of the corporation, do hereby certify that the information furnished herein is true and correct. I am familiar with, and accept the obligation of, the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(Typed Name of Officer or Director if Signature is Required when Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS PARCEL, MARTIN W.
CITY-ST-ZIP 1711 TIERRA ALTA DR
LAKELAND FL

TITLE ☐ DELETE
NAME DS
STREET ADDRESS PARCEL, JEAN B.
CITY-ST-ZIP 1711 TIERRA ALTA DR
LAKELAND FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS PARCEL, TED M.
CITY-ST-ZIP 4801 PARKVIEW DR S
EMMAUS PA

TITLE ☐ DELETE
NAME D
STREET ADDRESS PARCEL, TOBY L.
CITY-ST-ZIP 2726 HENTHORN
UPPER ARLINGTON OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martin W. Parcel MARTIN W. PARCEL 6/6/96 944-644-5728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)