

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 10 AM 10:25

DOCUMENT # **K29025** (9)

1. Corporation Name

**PARKER GROVE & CATTLE COMPANY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

P.O. BOX 1787  
ARCADIA FL 33821

2a. Mailing Address

P.O. BOX 1787  
ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/20/1988

3a. Date of Last Report

04/14/1994

21. Principal Place of Business

22. State Apt # etc

23. City & State

24. Zip

25. Country

26. Mailing Address

27. State Apt # etc

28. City & State

29. Zip

30. Country

4. FEI Number

65-0253687

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, JOHN W., JR.  
222 E. OAK ST.  
ARCADIA FL 33821

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 (603) 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 (6505) Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME: PD PARKER, JOHN W  
2. STREET ADDRESS: RT 2 BOX 311  
3. CITY, STATE, ZIP: ARCADIA FL

1. NAME:  Change  Addition  
2. NAME:  Change  Addition  
3. NAME:  Change  Addition  
4. NAME:  Change  Addition  
5. NAME:  Change  Addition  
6. NAME:  Change  Addition

1. NAME: VPS PARKER, SUE G.  
2. STREET ADDRESS: RT 2 BOX 311  
3. CITY, STATE, ZIP: ARCADIA FL

1. NAME:  Change  Addition  
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6. NAME:  Change  Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.03(1)(b) Florida Statutes. I further certify that the information included 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. This filing is effective on the date of the filing in the office of the Secretary of State. I am authorized to use this report as required by Chapter 607 Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, unless otherwise noted with an addition.

SIGNATURE: Sup. G. Parker  
SIGNATURE AND APPLIED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 (913) 494-2542

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**MAY 25 1995**  
**STATE OF FLORIDA**



**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
 Sandra B. Wortham  
 Secretary of State

**DOCUMENT # K30445 (6)**

**ACADEMC SUCCESS PRESS, INC.**

**Principal Place of Business:**  
 4915 80TH AVE., CIRCLE E.  
 SARASOTA FL 34243  
 US

**Mailing Address:**  
 PO BOX 25002  
 BOX 132  
 BRADENTON FL 34206  
 US

**2. Principal Place of Business:**  
 21 State: **FL**  
 22 State: **FL**  
 23 City: **SARASOTA**  
 24 County: **SARASOTA**  
 25 County: **SARASOTA**

**2a. Mailing Address:**  
 26 State: **FL**  
 27 State: **FL**  
 28 City & State: **BRADENTON FL**  
 29 Zip: **34206**  
 30 County: **SARASOTA**

**3. Date Incorporated or Qualified:** **08/09/1988**

**3a. Date of Last Report:** **04/05/1994**

**4. FEI Number:** **65-0087220**

**5. Certificate of State Debts:**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution:**  **\$5.00 May Be Added to Fees**

**8. The corporation has liability for intangible tax under S. 199(3), Florida Statutes:**  **Yes**  **No**

**9. Name and Address of Current Registered Agent**

**NOLTING, PAUL D PHD**  
**4915 80TH AVENUE, CIRCLE E**  
**SARASOTA FL 34243**

**10. Name and Address of New Registered Agent**

**B1 Name:**

**B2 Street Address (P.O. Box Number is Not Acceptable):**

**B3:**

**B4 City:** **FL** **B5 Zip Code:**

**11. Pursuant to the provisions of Sections 607.01(2)(b) 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, Florida, and the appointment as registered agent. I am familiar with and accept the obligations of Tax Section 605, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**11a. NAME:** **PD NOLTING, PAUL D PHD**

**11b. STREET ADDRESS:** **4915 80TH AVENUE CIRCLE, EAST SARASOTA FL 34243**

**11c. CITY:** **SARASOTA**

**11d. NAME:** **VD NOLTING, ANNA J**

**11e. STREET ADDRESS:** **1050 HILLSBORO MILE HILLSBORO BEACH FL 33062**

**11f. CITY:** **HILLSBORO BEACH**

**11g. NAME:** **VD NOLTING, CARL W**

**11h. STREET ADDRESS:** **1050 HILLSBORO MILE HILLSBORO BEACH FL 33062**

**11i. CITY:** **HILLSBORO BEACH**

**11j. NAME:** **ST NOLTING, VICKI**

**11k. STREET ADDRESS:** **4915 80TH AVENUE CIRCLE, EAST SARASOTA FL 34243**

**11l. CITY:** **SARASOTA**

**13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:**

**12a. NAME:**  Change  Addition

**12b. STREET ADDRESS:**  Change  Addition

**12c. CITY:**  Change  Addition

**12d. NAME:**  Change  Addition

**12e. STREET ADDRESS:**  Change  Addition

**12f. CITY:**  Change  Addition

**12g. NAME:**  Change  Addition

**12h. STREET ADDRESS:**  Change  Addition

**12i. CITY:**  Change  Addition

**14. I do hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Sections 119.07, 119.08, Florida Statutes. I further certify that the information included 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 registered broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 2, if changed, or on an alternate report with a address.**

**SIGNATURE:** *Paul D. Nolting*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OR DIRECTOR

**PAUL D NOLTING**  
**PRESIDENT**

*5/1/95*

**813-359-2399**