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

Apr 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)PARKER INTERNATIONAL, INC. Principal Place of Business Mailing Address 2632 NW 43 ST. P.O. BOX 7133 GAINESVILLE FL 32605 **GAINESVILLE FL 32606** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/20/1988</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2901463 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζιρ Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes ☐ No 24 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name PARKER, ERIC 2632 NW 43 ST. Street Address (P.O. Box Number is Not Acceptable) #98 83 GAINESVILLE FL 32606 84 City 85 Zip Code ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to be building the corporation of the corporation o 11. Pursuant to the p registered agent and title if applicable egistered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITL€ PARKER, ERIC NAME 1.2 NAME 2632 NW 43 ST. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP 1.4 C(1Y-\$T-ZIP TITLE DELETE 2.1 TITLE Change Addition PARKER, JO NAME 2.2 NAME 2632 NW 43 ST. STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change 3.1 THEE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 7IP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver of 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 chapted, of on an attachment with pure address.

Seir J. PADVOD

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