

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K37500**

(1)

1. Corporation Name

DAVID M. PARRISH, INC.

Principal Place of Business

**2550 26TH STREET W
% DAVID M. PARRISH P.O. BOX 7123
BRADENTON FL 34205-2953**

Mailing Address

**2550 26TH STREET W
% DAVID M. PARRISH P.O. BOX 7123
BRADENTON FL 34205-2953**

2. Principal Place of Business

21 State, Apt., etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 State, Apt., etc.

27 City & State

28 Zip Country

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9. Name and Address of Current Registered Agent

**PARRISH, DAVID M.
2550 26TH STREET W.
BRADENTON FL 34205**

3. Date Incorporated or Qualified

10/07/1988

3a. Date of Last Report

03/20/1995

4. FET Number

65-0071516

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)

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**PD
PARRISH, DAVID M.
2550 26TH STREET W.
BRADENTON FL**

☐ DELETE

TITLE
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STREET ADDRESS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
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96. CITY- ST- ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY- ST- ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is true and correct and does not omit any material information. I further certify that the information contained in this statement is true and correct 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 agent, or both, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attached statement of address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

744-792-5207

CR2E034 (12/95)

FILED
Apr 15, 1996 08:00 AM
Secretary of State

