FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K39555 (3)

1. Corporation Name
THE PARKINS TANGIBLE ASSET MANAGEMENT CORPORATION

Principal Place of Business
1600 E ROBINSON STREET
ORLANDO FL 32803

Mailing Address
1600 E ROBINSON STREET
ORLANDO FL 32803

3. Date Incorporated or Qualified: 10/14/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2913707 — 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

9. Name and Address of Current Registered Agent
PARKINS, RAYMOND A JR.
1600 E ROBINSON ST STE 400
ORLANDO FL 32503

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	☒ Change ☐ Addition
NAME	PARKINS, RAYMOND A JR.	1.2 NAME	
STREET ADDRESS	~~V301700~~	1.3 STREET ADDRESS	920 S. Trotters Dr.
CITY-ST-ZIP	~~ORLANDO FL~~	1.4 CITY-ST-ZIP	Orlando, FL
TITLE	~~V~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~PARKINS, PATRICK S~~	2.2 NAME	DELETE
STREET ADDRESS	~~39 SORRENTO CIRCLE~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~WINTER PARK FL~~	2.4 CITY-ST-ZIP	
TITLE	~~V~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~PARKINS, MATTHEW C.~~	3.2 NAME	DELETE
STREET ADDRESS	~~1300 CANTON STREET~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	3.4 CITY-ST-ZIP	
TITLE	~~V~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~PARKINS, DANIEL A~~	4.2 NAME	DELETE
STREET ADDRESS	~~920 S. TROTTERS DRIVE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~MAITLAND FL~~	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 a receiver or 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 changed, or on an attachment with an address.

SIGNATURE: _____ April 26, 1995 (407)896-9384
SIGNATURE AND/OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Raymond A. Parkins, Jr. PhD Chairman & CEO

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