

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McDaniel
Treasurer, 11 State
Tallahassee, Florida 32399-0001

DOCUMENT # **K45098**

(6)

PARE' BUILDING SERVICES, INC.

Principal Office Address
**133 YEARLING DRIVE
LAKE MARY FL 32746**

Alternate Address
**133 YEARLING DRIVE
LAKE MARY FL 32746**

11716

DO NOT WRITE IN THIS SPACE

3. Date of Last Report or Completion of Report
11/14/1988 Date of Last Report
05/09/1994

2. Filing of Report or Completion of Report 21 State App. # 22 City & State 23 City & State 24 City & State	2a Agency Address 26 State App. # 27 City & State 28 City & State 29 City & State 30 City & State	4. FET Number 59-3171163	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. 193 (13)? Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**PARE', JOHN
133 YEARLING DR.
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

(Signature of Current Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PARE', JOHN	1.2 NAME	
STREET ADDRESS	133 YEARLING DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE MARY FL	1.4 CITY, ST, ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	PARE', DIANE	2.2 NAME	
STREET ADDRESS	133 YEARLING DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE MARY FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.02(3)(b), Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of the corporation or the owner 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 of this filing with an address.

SIGNATURE:

John Pare'
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/94

1107) 646 9455
Typed Name