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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K68876** **(7)**

1. Corporation Name

AFFILIATED RESOURCE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% 6516 CALLE DE CORTEZ COURT NAVARRE FL 32566-8924	% 6516 CALLE DE CORTEZ COURT NAVARRE FL 32566-8924

2. Principal Place of Business	2a. Mailing Address
21 6868 CALLE DE CORTEZ CT	26 P.O. Box 5056
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State: NAVARRE FL.	28 City & State: NAVARRE, FL.
24 Zip: 32566-8924 25 Country: U.S.A.	29 Zip: 32566-8924 30 Country: U.S.A.

3. Date Incorporated or Qualified: 02/28/1989

3a. Date of Last Report: 02/17/1995

4. FEI Number: 59-2933257 ☐ 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

PARKER, DONALD R
6516 CALLE DE CORTEZ COURT
NAVARRE FL 32566-8924

10. Name and Address of New Registered Agent

81 Name: PARKER, DONALD R.
82 Street Address (P.O. Box Number is Not Acceptable): 6868 CALLE DE CORTEZ COURT
83
84 City: NAVARRE FL 85 Zip Code: 32566

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS PARKER, DONALD R. 1396 STURBRIDGE COURT DUNEDIN FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PVTS PARKER, DONALD R. 6868 CALLE DE CORTEZ COURT NAVARRE, FL. 32566 ☐ Change (ADDRESS) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, JUNE K. 1396 STURBRIDGE COURT DUNEDIN FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D PARKER, JUNE K. 6868 CALLE DE CORTEZ COURT NAVARRE, FL. 32566 ☐ Change (ADDRESS) ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 the 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: Donald R. Parker 3/7/96 904-939-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #