

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K68876** (7)
1. Corporation Name
AFFILIATED RESOURCE ASSOCIATES, INC.



Principal Place of Business 6888 CALLA DE CORTER CT NAVARRE FL 32566 US	Mailing Address PO BOX 5056 NAVARRE FL 32566-8924 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1989	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2933257	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent PARKER, DONALD R. 6888 CALLE DE CORTEZ COURT NAVARRE FL 32566		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip Code	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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, DONALD R.	1.2 NAME	
STREET ADDRESS	6888 CALLE DE CORTEZ COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, JUNE K.	2.2 NAME	
STREET ADDRESS	6888 CALLE DE CORTEZ COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **DONALD R. PARKER** 1-31-98 850-939-0556
PRESIDENT

CR2E034 (10/97)