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 APR 19 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L25658** **(0)**

1. Corporation Name

PARMENTER REALTY & INVESTMENT COMPANY

Principal Place of Business	Mailing Address
TWO ALHAMBRA PLAZA **SUITE 1106** **CORAL GABLES FL 33134**	**TWO ALHAMBRA PLAZA** **SUITE 1106** **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/26/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 396 ALHAMBRA CIRCLE	26 396 ALHAMBRA CIRCLE
Suite, Apt. #, etc. 22 SUITE 602	Suite, Apt. #, etc. 27 SUITE 602
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip / Country 24 33134 / 25 U.S.A.	Zip / Country 29 33134 / 30 U.S.A.

4. FEI Number: **65-0161404** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARMENTER, DARRYL **TWO ALHAMBRA PLAZA** **STE 1106** **CORAL GABLES FL 33134**	01 Name: PARMENTER, DARRYL W. 02 Street Address (P.O. Box Number is Not Acceptable): 396 ALHAMBRA CIRCLE 03 SUITE 602 04 City: CORAL GABLES FL 05 Zip Code: 33134

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: N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	11 TITLE	PTS ☒ Change ☐ Addition
NAME	PARMENTER, DARRYL W.	12 NAME	PARMENTER, DARRYL W.
STREET ADDRESS	TWO ALHAMBRA PLAZA, STE 1106	13 STREET ADDRESS	396 ALHAMBRA CIRCLE, SUITE 602
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] 4.11.95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

DARRYL W. PARMENTER

(305) 448-0448
Daytime Phone #

0161066 CP