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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L29922 (6)

1. Corporation Name  
RAY PARKINSON, INC.

Principal Place of Business

~~RT 1 BOX 06~~  
21354 NE 65TH ST  
WILLISTON FL 32696  
US

Mailing Address

~~RT 1 BOX 06~~  
21354 NE 65TH ST  
WILLISTON FL 32696-5261  
US



2. Principal Place of Business

21 21354 NE 65th ST  
Suite, Apt. #, etc.

22 City & State  
Williston FL

24 Zip  
32696

25 Country  
Levy

2a. Mailing Address

26 21354 NE 65th ST  
Suite, Apt. #, etc.

27 City & State  
Williston FL

29 Zip  
32696

30 Country  
Levy

3. Date Incorporated or Qualified  
11/07/1989

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-2974020

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

PARKINSON, RAY  
~~RT 1 BOX 06~~  
21354 NE 65TH ST  
WILLISTON FL 32696

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

Signature by either the name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PARKINSON, RAY  
STREET ADDRESS 21354 NE 65TH ST RT 1 BOX 06  
CITY - ST - ZIP WILLISTON FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

SECRETARY  
BARBARA Johnson  
419 SE 3rd Ave.  
Williston FL 32696  
VICE PRESIDENT  
Steve Johnson  
419 SE 3rd Ave.  
Williston FL 32696

14. I do 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/97 352 528 2888

CR2E034 (9/96)