

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L29922

1. Corporation Name  
RAY PARKINSON, INC.

Principal Place of Business  
21354 NE 65 ST  
WILLISTON FL 32696  
US

Mailing Address  
21354 NE 65 ST  
WILLISTON FL 32696  
US

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90215 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1989

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKINSON, RAY

~~RT 1 BOX 66~~

21354 NE 65TH ST

WILLISTON FL 32696

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, 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 PD ☐ DELETE  
NAME PARKINSON, RAY  
STREET ADDRESS 21354 NE 65TH ST ~~RT 1 BOX 66~~  
CITY-ST-ZIP WILLISTON FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 21354 NE 65TH ST.  
1.4 CITY-ST-ZIP Williston FL 32696

TITLE S ☒ DELETE  
NAME JOHNSON, BARBARA  
STREET ADDRESS 419 SE 3 AVE  
CITY-ST-ZIP WILLISTON FL

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

TITLE VP ☒ DELETE  
NAME JOHNSON, STEVE  
STREET ADDRESS 419 SE 3RD AVE  
CITY-ST-ZIP WILLISTON FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

TITLE ☐ DELETE  
NAME PARKINSON, BETTY C.  
STREET ADDRESS 21358 NE 65TH ST.  
CITY-ST-ZIP Williston FL 32696

3.4 CITY-ST-ZIP SECRETARY, TREASURER  
4.1 TITLE PARKINSON, BETTY C. ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS 21358 NE 65TH ST.  
4.4 CITY-ST-ZIP Williston FL 32696

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 352-528-2888

Date

Daytime Phone #

CR2E034 (11/98)

0520876