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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:53

DOCUMENT # **L40582** (3)

1. Corporation Name
JO ANN PARKER, LMT, P.A.

Principal Place of Business	Mailing Address
1250 S HARBOR CITY BLVD MELBOURNE FL 32901-0241	1250 S HARBOR CITY BLVD MELBOURNE FL 32901-0241

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/02/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	21	478 Ballard Dr.	
Suite, Apt. #, etc.	22	Suite 10	
City & State	23	Melbourne, FL	
Zip / Country	24 / 25	32935 / Brevard	
2a. Mailing Address	26	478 Ballard Dr.	
Suite, Apt. #, etc.	27	Suite 10	
City & State	28	Melbourne	
Zip / Country	29 / 30	FL 32935 / Brevard	

4. FEI Number: 59-2981163 ☐ 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, JO ANN
1250 S HARBOR CITY BLVD
MELBOURNE FL 32901-0241

10. Name and Address of New Registered Agent

81	Name	Jo Ann Parker
82	Street Address (P.O. Box Number is Not Acceptable)	518 Rembrandt St. SE
83		
84	City	Palm Bay FL 85 Zip Code 32909

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 mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, JO ANN	1.2 NAME	
STREET ADDRESS	518 REMBRANDT STR SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, MARK C	2.2 NAME	
STREET ADDRESS	518 REMBRANDT STR SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY 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 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 if changed, or on an attachment with an address.

SIGNATURE: JoAnn Parker JoAnn Parker 04/20/95 (407)7519933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066123 CP