**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 FEB 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L44989** **(6)**

1. Corporation Name

**PARRESOL GOLDSMITHS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 146 W HAINES BLVD<br>LAKE ALFRED FL 33850 | 146 W HAINES BLVD<br>LAKE ALFRED FL 33850<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1990
3a. Date of Last Report: 02/25/1994

4. FEI Number: 59-2989731 ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 323 N. ~~Lakeland~~ Kentucky Ave. | 26 323 N. Kentucky |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Lakeland, Fla. | 27 |
| City & State | City & State |
| 23 | 28 Lakeland, FL. |
| Zip / Country | Zip / Country |
| 24 33801 / 25 USA | 29 33801 / 30 USA |

**9. Name and Address of Current Registered Agent**

PARRESOL, TERRY T.
146 W HAINES BLVD 323 N. KENTUCKY Ave.
LAKE ALFRED FL 33850 Lakeland, FL. 33801

**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: _____ 2/22/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PDT | 11 TITLE | ☐ Change ☐ Addition |
| NAME | PARRESOL, TERRY T | 12 NAME | |
| STREET ADDRESS | 815 LAKE JESSIE DR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 14 CITY ST ZIP | |
| TITLE | DVS | 21 TITLE | ☐ Change ☐ Addition |
| NAME | PARRESOL, MURIEL L | 22 NAME | |
| STREET ADDRESS | 815 LAKE JESSIE DR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 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 if changed, or on an attachment with an address.

**SIGNATURE:** M P P V. Pres 2/22/95 (Date) 688-4956 (Daytime Phone #) 956-3509

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

CR