

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

DOCUMENT # L62500 (8)
1. Corporation Name
PARKS INSURANCE CORPORATION

MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O JERRY W. PARKS 3300 S.W. 34TH AVENUE, SUITE 112 Ocala FL 34474 US
C/O JERRY W. PARKS 3300 S.W. 34TH AVENUE, SUITE 112 Ocala FL 34474 US

3. Date Incorporated or Qualified 03/30/1990 3a. Date of Last Report 05/01/1994
4. FEI Number 59-3003963 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
21 901 SW 60TH AVE 26 P O BOX 770788
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ocala FL 28 Ocala FL
Zip Country Zip Country
24 34474 25 US 29 34477 30 US

9. Name and Address of Current Registered Agent
PARKS, JERRY W.
3300 S.W. 34TH AVENUE
SUITE 112
OCALA FL 34474

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 901 SW 60TH AVE.
83
84 City Ocala FL 85 Zip Code 34474

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 that if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, JERRY W.	12. NAME	
STREET ADDRESS	3300 S.W. 34TH AVE.S-112	13. STREET ADDRESS	709 SE 15TH AVE
CITY - ST - ZIP	OCALA FL	14. CITY - ST - ZIP	OCALA FL 34471
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, EDWARD H, SR	22. NAME	
STREET ADDRESS	282 SE 50TH AVE	23. STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	24. CITY - ST - ZIP	
TITLE	SDT	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, MARGARET	32. NAME	
STREET ADDRESS	3300 SW 34TH AVE S-112	33. STREET ADDRESS	709 SE 15TH AVE
CITY - ST - ZIP	OCALA FL	34. CITY - ST - ZIP	OCALA FL 34471
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'FARRELL, J MICHAEL, JR	42. NAME	
STREET ADDRESS	4400 SW 27TH AVE	43. STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	44. CITY - ST - ZIP	
TITLE	D	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DUNCAN	52. NAME	
STREET ADDRESS	200 S FOURTH ST	53. STREET ADDRESS	
CITY - ST - ZIP	GENEVA IL	54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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 in an instrument with an address.

SIGNATURE: *Jerry W. Parks* JERRY W. PARKS 4/28/95 904-237-2164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER