

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L62500 (8)

1. Corporation Name PARKS INSURANCE CORPORATION



Principal Place of Business: **901 SW 60TH AVE
~~3300 SW 34TH AVENUE, SUITE 112~~
OCALA FL 34474
US**

Mailing Address: **P O BOX 770788
~~3300 SW 34TH AVENUE, SUITE 112~~
OCALA FL 34477
US**

3. Date Incorporated or Qualified: **03/30/1990** 3a. Date of Last Report: **05/01/1995**

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: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc: **22**

City & State: **27**

Zip: **28** Country: **30**

9. Name and Address of Current Registered Agent

**PARKS, JERRY W.
901 SW 60TH 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)

83

84 City

85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKS, JERRY W.	
STREET ADDRESS	709 SE 15TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'ROURKE, EDWARD H, SR	
STREET ADDRESS	282 SE 50TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	PALMER, MARGARET	
STREET ADDRESS	709 SE 15TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'FARRELL, J MICHAEL, JR	
STREET ADDRESS	4400 SW 27TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, DUNCAN	
STREET ADDRESS	200 S FOURTH ST	
CITY-ST-ZIP	GENEVA IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry W. Parks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96 352-237-2164
D. Wayne Phelan

CR2E034 (3/96)