

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L62500

**FILED  
Apr 27, 2004  
Secretary of State**

**Entity Name:** PARKS INSURANCE CORPORATION

**Current Principal Place of Business:**

901 SW 60TH AVE  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 770788  
OCALA, FL 34477 US

**New Mailing Address:**

**FEI Number:** 59-3003963      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKS, JERRY W.  
901 SW 60TH AVENUE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PARKS, JERRY W.,  
Address: 709 SE 15TH AVE  
City-St-Zip: Ocala, FL

Title: VD ( ) Delete  
Name: O'ROURKE, EDWARD H., SR  
Address: 282 SE 50TH AVE  
City-St-Zip: Ocala, FL

Title: SDT ( ) Delete  
Name: PALMER, MARGARET,  
Address: 709 SE 15TH AVE  
City-St-Zip: Ocala, FL

Title: D ( ) Delete  
Name: O'FARRELL, J MICHAEL, JR  
Address: 4400 SW 27TH AVE  
City-St-Zip: Ocala, FL

Title: D ( ) Delete  
Name: ALEXANDER, DUNCAN,  
Address: 200 S FOURTH ST  
City-St-Zip: GENEVA, IL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY W PARKS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date