FLORIDA
ANNUAL REPORT
1995

Division of Corporations

DOCUMENT # M72282 (0)

1. Corporate Name
PARRISH REG. LAND SURVEYORS, INC.

APPROVED AND FILED
1995 MAY -1 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
305 S MAIN ST PO BOX 310 TRENTON FL 32693	305 S MAIN ST PO BOX 310 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1988
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2985104 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $5.75 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

BURT, THEODORE M.
114 NORTHEAST FIRST STREET
TRENTON FL 32693

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 _____ DATE
(Typed or printed name of registered agent and if a corporation) (NOTE: Registered Agent signature required when remitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PARRISH, RONALD E	12 NAME	200001492582
STREET ADDRESS	305 SOUTH MAIN ST.	13 STREET ADDRESS	-05/17/95--01180--017
CITY-ST-ZIP	TRENTON FL	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	TS	21 TITLE	☐ Change ☐ Addition
NAME	PARRISH, BARBARA J	22 NAME	
STREET ADDRESS	305 SOUTH MAIN ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TRENTON 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	210
STREET ADDRESS		63 STREET ADDRESS	5-1-95
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: RONALD E. PARRISH, Pres. 5/1/95 904-463-2938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date signed) (Daytime phone number)

COMMENT CP