FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90216 042 ***150.00

DOCL	JMENT	#	M72282
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 Corporation 	n Name	-								
PARRISH	I-reg:-land-surveyors;	ING:			-= -	==				
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Principal Place	e of Business	Mailing Address				112912011 711 70010 71007 11				
305 S MAIN ST	Ī	305 S MAIN ST			1					
PO BOX 310 TRENTON FL 3	2502	PO BOX 310 TRENTON FL 32693				DO NOT WRI	TE IN THIS	SPACE		
INCINION FL 3	2033	THEIRTON 1 L 32000				3. Date Incorporated or Qualifed				
						01/01/1988				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21		26				59-28851 <u>04</u>		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22	1.374 · · · · .	27						Fee Red		
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 s Added to		
Zip	Country	Zip	Соц	ntry		8. This corporation owes the curr	ent year In	tangible		
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered	Agent		
D. ID	T TUCODODE M			81 Name						
	t, theodore M. Northeast first street		l	82 Street A	Address	(P.O. Box Number is Not Accept	able)			
	NUMINEASI FIRST STREET NTON FL 32693									
inci	NION FL 32093			83						
				84 City		· · · · · ·	FL	85 Zip C	ode	
14.5	4.007.0505	and 007 4500 Florida State	400 the o	aua namad a		tion cubmits this statement for the		-	registered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was	tes, trie al	by the corpor	ration's	board of directors. I hereby accer	ot the appo	intment as reg	istered	
						, ,	• •			
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Fl	orida Statu	tes.			• • • • • • • • • • • • • • • • • • • •			
agent. I a		'					DATE			ء ا
	Im familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOT		tes. Agent signature rec			DATE			100/
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature red		en reinstating)	DATE			(44,00)
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature red		en reinstating)	DATE	ND DIRECTO	RS IN 12	(00,44,00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI P- PARRISH, RONALD E 305 SOUTH MAIN ST.	and title if applicable. (NOT	13. 1.1 TII 1.2 NA	Agent signature red		en reinstating)	DATE	ND DIRECTO	RS IN 12	1001 / 44 /00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PARRISH, RONALD E 305 SOUTH MAIN ST. TRENTON FL	and title if applicable. (NOT D DIRECTORS	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST	Agent signature red		en reinstating)	DATE	ND DIRECTO	RS IN 12	Sport (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P	and title if applicable. (NOT	E: Registered 13. 1.1 TII 1.2 NA 1.3 ST	Agent signature red LE. ME REET ADDRESS Y-ST-ZIP		en reinstating)	DATE	ND DIRECTO	RS IN 12	(00) 44 (00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P PARRISH, RONALD E 305 SOUTH MAIN ST. TRENTON FL TS PARRISH, BARBARA J	and title if applicable. (NOT D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF	Agent signature red LE ME REET ADDRESS Y-ST-ZIP LE		en reinstating)	DATE	ND DIRECTO	RS IN 12	(00) 777 (00)
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS