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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N97000002790 (0)

1. Corporation Name
PARRISH HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O PAUL H. BOWEN, P.A. 412 MADISON STREET #900 TAMPA FL 33602	C/O PAUL H. BOWEN, P.A. 412 MADISON STREET #900 TAMPA FL 33602

OR S. HERBETS

2. Principal Place of Business	2a. Mailing Address
21 PARRISH FLORIDA	26 3201 WILDERNESS BLVD. - W
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PARRISH FL	City & State 28 PARRISH FL
Zip 24 34219 Country 25 MANATEE	Zip 29 34219 Country 30 MANATEE

3. Date Incorporated or Qualified: 05/15/1997

4. FEI Number: 31-1572657 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name STANLEY K. HERBETS
82 Street Address (P.O. Box Number is Not Acceptable) 3201 WILDERNESS BLVD. W.
83
84 City PARRISH FL 85 Zip Code 34219

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Stanley K. Herbets 4/18/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT STANLEY K. HERBETS — D 3201 WILDERNESS BLVD. — W PARRISH FL 34219	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition STANLEY K. HERBETS D 3201 WILDERNESS BLVD-W PARRISH FL 34219
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES. STEPHEN ORETAR — D 9010 69TH AVE — E PALMETTO, FL 34221	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition STEPHEN ORETAR D 9010 69TH AVE-E PALMETTO, FL 34221
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREAS. — D DAN KUMARICH 2946 WILDERNESS BLVD-E PARRISH FL 34219	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition DAN KUMARICH - D 2946 WILDERNESS BLVD-W PARRISH FL. 34219
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley K. Herbets