2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000050086

1. Entity Name PARTHENON, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90088 001 *****8.75 02-10-2003 90088 002 ***150.00

Principal Place of Business P.O. BOX 3681 APOLLO BEACH FL 33572		Mailing Address P.O. BOX 3681 APOLLO BEACH FL 33572								
2. Principal Pla	ace of Business	3. Mailing Address) 1987/1889 Ell Buill Abiat enill anust an	I) Amama maria		118 Afti 1881	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			1	CHECK HERE IF MAKING CHANGES				
City & State		City & State	<u> </u>	4. FI	El Number 59-3647804	/	Applied For Not Applicable			
Zip	Country	Zip	Cour	ntry سيچيد محسست	5. C	ertificate of Status Desired		8.75 Addi e Required		
	6. Name and Address of Current	Registered Agent		T	7. N	ame and Address of New Regis	tered Ag	ent		
o, right and vicinity				Name						
HUTCHINS	SON, ARNOLD M		Street Address			(P.O. Box Number is Not Acceptable)				
1404 JUM/	ANA LOOP		Oliver Address							
APOLLO B	EACH FL 33572						-			
				City			FL	Zip Code	,	
			<u>,</u>	1		Charles Charles Control Control	- —	nilios with	and accept	
the obligati	named entity submits this statement fons of registered agent.	or the purpose of ch	anging its registe	red office or registi	ered age	SIL, OF DOM, IT THE STATE OF FRONCE	. Tanna			
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Register	red Agent signature requir	red when rei	instating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State				Election Campaign Financ Trust Fund Contribution. DITIONS/CHANGES TO OFFICE		Added	O May Be I to Fees	
10.	OFFICERS AND		11		AD	DITIONS/CHANGES TO OFFICE		Change	Addition	
TITLE	PD ADMOLD M			LE ME			i		☐ ∧ddittoii	
NAME CAREET ADDRESS	HUTCHINSON, ARNOLD M 1404 JUMANA LOOP			ME REET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	APOLLO BEACH FL 33572		cn	TY-ST-ZIP						
			Delete TIT	TLE .		<u></u>		Change	☐ Addition	
TITLE NAME	<u>.</u>			.ME						
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP	<u> </u>	٠	CI'	TY-ST-ZIP		<u> </u>			- Addition	
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NAME				ME						
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CITY-ST-ZIP								Change	Addition	
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NAME			N ₂	AME						
STREET ADDRESS			_	FREET ADDRESS						
CITY-ST-ZIP				TY-ST-ZIP					·	
12. I hereby	certify that the information supplied w on this report or supplemental report	ith this filing does no i jo true and accurate	ot qualify for the e and the my sign	xemption stated in nature shall have th	Section ne same	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat	rther certi h; that I ar	ny that the in an officer	information r or director or Block 11 if	

12. I hereby certify that the information supplied with the filling does not fualify for he exemption stated in Section 119.07(3)(1). Florida Statutes. I further definity final file information indicated on this report or supplemental report in frue and accurate and the 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 Sectiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

(83) 641-842

Daytime Phone #