

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P21618**

(4)

95 MAY -1 14 5:31

1. Corporation Name

PARISIAN SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**750 LAKESHORE PARKWAY
BIRMINGHAM AL 35211**

Mailing Address

**750 LAKESHORE PARKWAY
BIRMINGHAM AL 35211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1988

3a. Date of Last Report
04/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

63-0986659

Applied For

Not Applicable

State Apt. #, etc.

State Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

(Signature of Registered Agent or Registered Agent and the Secretary of State)

(Signature of Registered Agent or Registered Agent and the Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HESS, DONALD E.
STREET ADDRESS	750 LAKESHORE PARKWAY
CITY, ST, ZIP	BIRMINGHAM AL
TITLE	VAS
NAME	BAILEY, WARREN
STREET ADDRESS	750 LAKESHORE PARKWAY
CITY, ST, ZIP	BIRMINGHAM AL
TITLE	D
NAME	BAILEY, WARREN
STREET ADDRESS	750 LAKESHORE PARKWAY
CITY, ST, ZIP	BIRMINGHAM AL
TITLE	V
NAME	ABROMS, HAROLD L.
STREET ADDRESS	750 LAKESHORE PARKWAY
CITY, ST, ZIP	BIRMINGHAM AL
TITLE	V
NAME	HIGUERA, EUGENE
STREET ADDRESS	750 LAKESHORE PARKWAY
CITY, ST, ZIP	BIRMINGHAM AL
TITLE	D
NAME	JOHNS, JOHN D
STREET ADDRESS	PROTECTIVE LIFE BLDG, 2801 HWY 280 S
CITY, ST, ZIP	BIRMINGHAM AL

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☒ Change ☒ Addition
4.2 NAME	Vt/S
4.3 STREET ADDRESS	Steven B. Corenblum
4.4 CITY, ST, ZIP	750 Lakeshore Parkway Birmingham, AL 35211
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 199.03(3)(b), 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: **Steven Corenblum** *St. Core*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1995 (205) 940-4000
Date Telephone