

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000012163 (0)

1. Corporation Name

PAR MARKETING OF FLORIDA, INC.



Principal Place of Business

15588 AVIATION LOOP DR.
BROOKSVILLE FL 34609
US

Mailing Address

15588 AVIATION LOOP DR.
BROOKSVILLE FL 34609
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 County

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HOOD, DALE E
4084 DELTONA BLVD.
SPRING HILL FL 34608

3. Date Incorporated or Qualified

02/10/1993

3a. Date of Last Report

02/02/1995

4. FEI Number

59-3166090

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

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

5254 Kirkwood Avenue

83

84 City

Spring Hill

FL

85 Zip Code

34608

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 authorized to add or delete the obligations of Sections 607.0602, Florida Statutes.

SIGNATURE

Dale E. Hood

DATE

01/16/96

12. OFFICERS AND DIRECTORS

1. NAME

D
HOOD, DALE E
5254 KIRKWOOD AVENUE
SPRING HILL FL 34608

☐ DELETE

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

26. NAME

27. NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. NAME

☐ Change

☐ Addition

2. NAME

1. STREET ADDRESS

2. CITY & STATE

☐ Change

☐ Addition

3. NAME

2. STREET ADDRESS

3. CITY & STATE

☐ Change

☐ Addition

4. NAME

3. STREET ADDRESS

4. CITY & STATE

☐ Change

☐ Addition

5. NAME

4. STREET ADDRESS

5. CITY & STATE

☐ Change

☐ Addition

6. NAME

5. STREET ADDRESS

6. CITY & STATE

☐ Change

☐ Addition

7. NAME

6. STREET ADDRESS

7. CITY & STATE

☐ Change

☐ Addition

8. NAME

7. STREET ADDRESS

8. CITY & STATE

☐ Change

☐ Addition

9. NAME

8. STREET ADDRESS

9. CITY & STATE

☐ Change

☐ Addition

10. NAME

9. STREET ADDRESS

10. CITY & STATE

☐ Change

☐ Addition

SIGNATURE: *Dale E. Hood* (Dale E. Hood)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/96

352 799-8200

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