


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

050056

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90052 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P93000012163

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1385 Aerial Way**

2a. Mailing Address

26 **2385 Aerial Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **BROOKSVILLE FL**

City & State

28 **BROOKSVILLE FL**

Zip

Country

24 **34609** 25 **USA**

Zip

Country

29 **34609** 30 **USA**

9. Name and Address of Current Registered Agent

HOOD, DALE E
5254 KIRKWOOD AVENUE
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name **HENDERSON, Dale E.**

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

2385 Aerial Way

83

84 City **BROOKSVILLE** FL 85 Zip Code **34609**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOD, DALE E	
STREET ADDRESS	5254 KIRKWOOD AVENUE	
CITY-ST-ZIP	SPRING HILL FL 34608	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENDERSON, Dale E.	
1.3 STREET ADDRESS	2385 Aerial Way	
1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34609	

2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HENDERSON, GERALD D.	
2.3 STREET ADDRESS	2385 Aerial Way	
2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34609	

3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DelMASTRO, MAXINE	
3.3 STREET ADDRESS	2385 Aerial Way	
3.4 CITY-ST-ZIP	BROOKSVILLE, FL 34609	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **Dale E. Henderson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/99
Date

352
799-8200
Daytime Phone #

CR2E034 (11/98)