

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000028444 (6)

1. Corporation Name

PARRYSAL, INC.



Principal Place of Business

Mailing Address

2666 HIAWATHA AVE.  
SANFORD FL 32773

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SANFORD FL 32773

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number

59-3174953

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. 199.032,  
Florida Statutes

☒ Yes ☐ No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURENCE, STEVEN L.  
225 S. WESTMONTE DR.  
SUITE 2040  
ALTAMONTE SPRINGS FL 32714

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 SUSAN PARRY Susan Parry

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

(NOTE: Registered Agent signature required when reinstating)

4/10/96

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME PARRY, SUSAN  
STREET ADDRESS 213 FLAMINGO DR.  
CITY-ST-ZIP SANFORD FL 32773

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME PARRY, CHRISTOPHER  
STREET ADDRESS 213 FLAMINGO DR.  
CITY-ST-ZIP SANFORD FL 32773

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME PARRY, ALICE  
STREET ADDRESS 809 PINE RIDGE RD.  
CITY-ST-ZIP SANFORD FL 32771

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME PARRY, ALICE  
3.3 STREET ADDRESS 1718 PINE RIDGE RD.  
3.4 CITY-ST-ZIP SANFORD, FL. 32773

TITLE T ☐ DELETE  
NAME PARRY, M V  
STREET ADDRESS 809 PINE RIDGE RD.  
CITY-ST-ZIP SANFORD FL 32771

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME PARRY M.V.  
4.3 STREET ADDRESS 1718 PINE RIDGE RD.  
4.4 CITY-ST-ZIP SANFORD, FL. 32773

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 119.07(3)(k), 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 SUSAN PARRY (PRES.) Susan Parry 4/10/96 4073238029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)