

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000028444 (6)

1. Corporation Name  
PARRYSAL, INC.

Principal Place of Business  
1740 W. AIRPORT BLVD.  
SANFORD FL 32771

Mailing Address  
1740 W. AIRPORT BLVD.  
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name ~~PARRYS, JAMES PARRY, SUSAN~~  
82 Street Address (P.O. Box Number is Not Acceptable)  
~~1740 W. AIRPORT BLVD.~~  
83 1740 W. AIRPORT BLVD.  
84 City SANFORD FL 85 Zip Code 32771

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 (Print)*  
Signature, typed or printed name of registered agent and fee if applicable

*SUSAN PARRY*  
(NOTE: Registered Agent signature required when re-instating)

4/17/98  
DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

PARRY, SUSAN  
213 FLAMINGO DR.  
SANFORD FL 32773

CITY - ST - ZIP

TITLE

V

PARRY, CHRISTOPHER  
213 FLAMINGO DR.  
SANFORD FL 32773

CITY - ST - ZIP

TITLE

S

PARRY, ALICE  
1718 PINE RIDGE RD  
SANFORD FL

CITY - ST - ZIP

TITLE

T

PARRY, M V  
1718 PINE RIDGE RD  
SANFORD FL

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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