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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033708

1. Corporation Name

PARASOL WEST, INC.

Principal	Place	of	Business
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Mailing Address

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90056 024 ***150.00



6701 PENSACOLA BLVD PENSACOLA FL 32505 6701 PENSACOLA BLVD PENSACOLA FL 32505				DO NOT WRITE IN THIS SPA	ACE	}			
					05/06/1993				
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For			
26		26			59-3181098		lot Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional		
27						Required			
City & State		⊢	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23 Zip	Country	Zip	Country		8. This corporation owes the current year Intang	ible	,		
24	25	29 30]	Personal Property Tax.			MNo		
<u></u> [9. Name and Address of Currer				10. Name and Address of New Registered Age	ent			
			81	Name					
FADDIS, CHARLES F			82	Street Address (P.O. Box Number is Not Acceptable)					
6701 PENSACOLA BLVD PENSACOLA FL 32505									
FENS	ACOLA FL 32303		83						
			84	City	FL	35 Zip	Code		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	orized by	the corporation	oration submits this statement for the purpose of chap on's board of directors. I hereby accept the appointm	inging it ent as i	ts registered egistered		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Reg	gistered Ager	nt signature require	d when reinstating) DATE				
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D				
TITLE	PD	☐ DELETE	1.1 TITLE] Change	Addition		
NAME	FADDIS, CHARLES F		1.2 NAME				Ì		
STREET ADDRESS	6701 PENSACOLA BLVD		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-S	T-ZIP		3 Change	Addition		
TITLE	DVTS	☐ DELETE	2.1 TITLE		L	_ Criary	Addison		
NAME	LOCKWOOD, RICHARD A		2.2 NAME						
STREET ADDRESS	6701 PENSACOLA BLVD	اسي- استختصت بارا الريهوره		ADDRESS	المرياء التدوية فالجياطة فيستستخيف فيستنيجيني الديوري	F-			
CITY-ST-ZIP	PENSACOLA FL DV	☐ DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP] Change	Addition		
TITLE	KENNEDY, CARTER S		3.2 NAME				_		
NAME	3125 MONTGOMERY HWY SU	TF 116		T ADDRESS	•				
STREET ADDRESS CITY-ST-ZIP	BIRMINGHAM AL		3.4. CITY-5						
TITLE	DV	☐ DELETE	4.1 TITLE	,, ,,,		Change	Addition		
NAME	O'SULLIVAN, I L JR		4. 2 NAME						
STREET ADDRESS	601 ST. PATRICK CIRCLE		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE] Change	Addition		
NAME		•	5.2 NAME				1		
STREET ADDRESS				T ADDRESS			ſ		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	endo marre vo				
TITLE		☐ DELETE	6.1 TITLE] Change	e ☐ Addition		
NAME	,		6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					

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:



4/5/99

850-478-4100

Daytime Phone #