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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000053645 (6) **DOCUMENT #**

THE PARKER ORGANIZATION, INC. Principal Place of Business Mailing Address P.O BOX 33116 P.O BOX 33116 201 N RIVERSIDE DR., SUITE B 201 N RIVERSIDE DR., SUITE B DO NOT WRITE IN THIS SPACE INDIALANTIC FL 32903 INDIALANTIC FL 32903 3. Date Incorporated or Qualified 07/28/1993 Applied For 2. Principal Place of Business 2a. Mailing Address 26 13-1920290 Not Applicable Suite, Apt. #, elc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State Cily & Stato 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 350 SEABREEZE DR 82 Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 63 84 City Zip Code 85 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 regulered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 11 TITLE Addition FOX, E K NAME 1.2 NAME 350 SEABREEZE DR STREET ADDRESS 1.3 STREET ADDRESS INDIALANTIC FL CITY-ST-ZIP 1.4 CITY - ST- ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-2IP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 T(TLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 T//LE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP

SIGNATURE:

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 arrival report is true and a statute 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 impossing 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 of the corporation of the c

FILED

Mar 12 1998 8:00am

Secretary of State