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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000063380 (8)

PARK LOT, INC.

**FILED** Feb 26 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				T 1883/0001 418 10180 (1111 00)41 00(1) 00(1) 00111 83(10 0100 11100 11161 1011 EX) 1011			
1310 REDWO	OD AVE.	P.O. BOX 35374	P.O. BOX 35374 PANAMA CITY FL 32412						
PANAMA CIT	r FL 32401	PANAMA CITY F				DO NOT WELL	DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified		- OF ACL	<del> </del>
						09/13/1993			
2. Principal P	lace of Business	2a, Marling Addro	SS			4. FEI Number		A <sub>1</sub>	pplied For
21		26				59-3211390		<del></del>	ot Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired	<u> </u>	Fee R	equired
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		[28]				Trust Fund Contribution			to Fees
Žιρ	Country	Zip	<u></u>	Jountry		8. This corporation owes or has p			
24	25 9. Name and Address of Curre	[29]	30	т-		Personal Property Tax due Jun  10. Name and Address of New R			No No
90	YANT, ROWLETT W	ant Hagistored Agont		81	Name	IV. Hame and Address of New Y	ogratorou	Agont	
	HARRISON AVE.								
	NAMA CITY FL 32401		82 Street Ad			ddress (P.O. Box Number is Not Accepta	ıble)		
	NAMA CITT FL 32401			83	<del></del>	<u> </u>			
				84	City		FI	85 Zip	Code
41 Purcuant	to the provisions of Sections 607.09	ώρ2 and 607 1508. Florid	a Statutos, the	above:	a-named co	ornoration submits this statement for the		ef changing I	te registered
office or r	egistered agent, or both, in the Sta	le of Florida, Such chang	e was author	ized by	the corpo	orporation submits this statement for the tration's board of directors. I hereby according	ept the ap	pointment as	registered
	m tamiliar with, and accept the ob-	gations or, Soction bur C	505, Fiorida S	รเลเมเตร	ž.				
SIGNATURE	Signature, typind or printed harse of registered a	och and ble Capitrable	(NOTE: Boos	lored Age	nt signature re	quired when reinstating)	DATE		
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFF		D DIRECTOR	AS IN 12
TITLE	PD	□ DEL	EIE 1	1 TITLE				Change	☐ Addition
NAME	MOODY NI, JAMES R		1.	2 NAME					
STREET ADDRESS	P.O. BOX 35374 N/A		1	3 STREET	ADDRESS				
CITY - ST - ZIP	PANAMA CITY FL		1.	4 CITY-S	T-ZIP				
TITLE		□ DEI	E1F 5	1 TITLE		gr.		Change	Addition
NAME			2	2 NAME					
STREET ADDRESS			5	3 STREET	ADDRESS	•			
CITY-ST-ZIP				4 CHY-S	T - ZiP				
TITLE		☐ DEL	ETE 3	1 TITLE				☐ Change	Addition.
NAME			3	2 NAME		•			
STREET ADORESS			3	3 STREET	ADDRESS				
CITY-S1-ZIP	·			4. CITY - S	J-ZIP				
TITLE		☐ DEI		1 TITLE				Change	☐ Addition
NAME				2 NAME					
STREET ADDRESS			4.	3 STAEET	ADDRESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE		☐ DE1	I -	1 TITLE				Change	Addition
NAME				2 NAME					
STREET ADDRESS			5.	3 STAFFT	address				
CITY-ST-ZIF				4 CITY-S	T-ZIP				
TITLE		☐ DEL	ETŁ 6	1 TITLE	}			Change	Addition
NAME			6	2 NAME					
STREET ADDRESS			6	3 STREF <b>t</b>	ADDRESS				
CITY-ST-ZIP			6	4 CITY-S	T-ZIP				

Thoreby 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 suppliemental archard 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 receive 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 off an attache ent with an address.

1908 785-6139