FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079049

1. Corporation Name: PARCEL INVESTMENT CORP

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/93
3a. Date of Last Report: NONE

2. Principal Place of Business
21 PARCEL PLUS
22 Suite, Apt #, etc: 148 SAUSALITO BLVD
23 City & State: CASSELBERRY, FL
24 Zip: 32707
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt #, etc: 1006 CALIFORNIA CREEK
28 City & State: Oviedo, FL
29 Zip: 32765
30 Country: USA

4. FEI Number: 22-3284611 — 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

9. Name and Address of Current Registered Agent
HOWARD LOONAN
5971 N. UNIVERSITY DRIVE
TAMARAC, FL 33321-4617

10. Name and Address of New Registered Agent
81 Name: CALVIN HAYES
82 Street Address (P.O. Box Number is Not Acceptable): 1006 CALIFORNIA CREEK DR
83
84 City: Oviedo
FL
85 Zip Code: 32765

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: CALVIN HAYES (PRESIDENT) [signature] 4/28/95
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	HOWARD LOONAN	12 NAME	CALVIN HAYES
STREET ADDRESS	5971 N. UNIVERSITY DRIVE	13 STREET ADDRESS	1006 CALIFORNIA CREEK DR
CITY ST ZIP	TAMARAC FL 33321-4617	14 CITY ST ZIP	Oviedo FL 32765
TITLE		21 TITLE	ANGELINE D. HAYES ☐ Change ☒ Addition
NAME		22 NAME	SECRETARY/TREASURER
STREET ADDRESS		23 STREET ADDRESS	1006 CALIFORNIA CREEK DR.
CITY ST ZIP		24 CITY ST ZIP	OVIEDO, FL 32765
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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: [signature] CALVIN HAYES — 4/28/95 — (407) 366-7513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #