

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1996

DOCUMENT # P93000088172 (0)

1. Corporation Name

PARCHER CORPORATION

Principal Place of Business

1930 PARKMEADOWS DRIVE
SUITE 8
FORT MYERS FL 33907

Mailing Address

1930 PARKMEADOWS DRIVE
SUITE 8
FORT MYERS FL 33907



2. Principal Place of Business

21 17062 Marina Cove Lane
Suite, Apt. #, etc.

22 City & State
23 Fort Myers, FL

24 Zip 33908 25 Country

26 17062 Marina Cove Lane
Suite, Apt. #, etc.

27 City & State
28 Fort Myers, FL

29 Zip 33908 30 Country

9. Name and Address of Current Registered Agent

PARCHER, JAMES H
1930 PARKMEADOWS DRIVE
SUITE 8
FORT MYERS FL 33907

3. Date Incorporated or Qualified
12/28/1993

3a. Date of Last Report
01/18/1995

4. FEI Number
52-0810620

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 17062 Marina Cove Lane

84 City

Fort Myers

FL 85 Zip Code
33908

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PARCHER, JAMES H
STREET ADDRESS 1930 PARKMEADOWS DRIVE, SUITE 8
CITY-ST-ZIP FORT MYERS FL 33907

TITLE STD
NAME PARCHER, JEAN W
STREET ADDRESS 1930 PARKMEADOWS DRIVE, SUITE 8
CITY-ST-ZIP FORT MYERS FL 33907

TITLE VD
NAME PARCHER, KENNETH B
STREET ADDRESS P.O. BOX 135 N/A
CITY-ST-ZIP GEORGETOWN MD 21930

TITLE D
NAME PARCHER, DAVID W
STREET ADDRESS P.O. BOX 22 N/A
CITY-ST-ZIP STILL POND MD 21667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 17062 Marina Cove Lane
Fort Myers, FL 33908

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 17062 Marina Cove Lane
Fort Myers, FL 33908

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 11479 Station Road
Worton, MD 21678

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CR2E034 (12/95)

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: Jean W. Parcher, Sec. Treas.
Signature and typed or printed name of signing officer or director
Jean W. Parcher, Sec. Treas.

4/19/96
Date

(941) 482-1149
Phone Number