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 APR 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005396 (4)**

1. Corporation Name
JAMES L. PARRIS, INC.

Principal Place of Business	Mailing Address
807 SOUTH GAY ST. PANAMA CITY FL 32404	807 SOUTH GAY ST. PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21 222 N Hwy 331
Suite, Apt. #, etc. 22
City & State 23 DeFuniak Springs, FL
Zip 24 32433 Country 25

2a. Mailing Address
26 P O Box 10185
Suite, Apt. #, etc. 27
City & State 28 Panama City, FL
Zip 29 32404-1185 Country 30

4. FEI Number: 65-0454693 ☐ 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

0. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

1185

PARRIS, JAMES L
807 SOUTH GAY ST.
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 222 North Highway 331
83
84 City: DeFuniak Springs **FL** 85 Zip Code: 32433

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	President/Director	☐ Change ☒ Addition
NAME		12 NAME	James L. Parris	
STREET ADDRESS		13 STREET ADDRESS	222 N. Hwy 331	
CITY-ST-ZIP		14 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
TITLE		21 TITLE	Director	☐ Change ☒ Addition
NAME		22 NAME	Patricia S Parris	
STREET ADDRESS		23 STREET ADDRESS	PSC 0003 Box 05918 n/a	
CITY-ST-ZIP		24 CITY-ST-ZIP	APO AP 96266	
TITLE		31 TITLE	S/T/D	☐ Change ☒ Addition
NAME		32 NAME	Janice E Riley	
STREET ADDRESS		33 STREET ADDRESS	3727 Andrews Hwy No 2407	
CITY-ST-ZIP		34 CITY-ST-ZIP	Odessa TX 79762	
TITLE		41 TITLE	Asst Sec/D	☐ Change ☒ Addition
NAME		42 NAME	Emmett F. Singleton, Jr.	
STREET ADDRESS		43 STREET ADDRESS	431 Beulah Ave	
CITY-ST-ZIP		44 CITY-ST-ZIP	Panama City, FL 32404	
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		

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)(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.

SIGNATURE: _____ 4/11/94 871-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410960 FP