

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000005396 (4)

1. Corporation Name
JAMES L. PARRIS, INC.

Principal Place of Business
222 N HWY 331
DEFUNIAK SPRINGS FL 32433

Mailing Address
P.O. BOX 10185
PANAMA CITY FL 32404-1185

FILED
Apr 08 1997 8:00am
Secretary of State



2. Principal Place of Business	2a. Mailing Address
21 2257 CRION LAKE DR	26 431 BEULAH AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State NAVARRE, FL	28 City & State PANAMA CITY FL
24 Zip 32566	29 Zip 32404
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 01/13/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0454693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PARRIS, JAMES L
222 NORTH HIGHWAY 331
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRIS, JAMES L.	1.2 NAME	
STREET ADDRESS	222 N HWY 331	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRIS, PATRICIA S.	2.2 NAME	
STREET ADDRESS	PSC 0003 BOX 05018 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	APO AP 96288	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JANICE E.	3.2 NAME	
STREET ADDRESS	3727 ANDREWS HWY NO 2407	3.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA TX 79762	3.4 CITY - ST - ZIP	
TITLE	ASD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETON, EMMETT F., JR.	4.2 NAME	
STREET ADDRESS	431 BEULAH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL 32404	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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

JAMES L. PARRIS, INC.

3/28/97

CR2E034 (9/96)