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Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000005396 (4)

1. Corporation Name

JAMES L. PARRIS, INC.

Principal Place of Business

2257 ORION LAKE DR  
NAVARRE FL 32566  
US

Mailing Address

431 BEULAH AVE  
PANAMA CITY FL 32404  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1994

4. FEI Number

65-0454693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

FL

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

TITLE ☐ DELETE

NAME PD  
PARRIS, JAMES L.  
STREET ADDRESS 222 N HWY 331  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ DELETE

NAME D  
PARRIS, PATRICIA S.  
STREET ADDRESS PSC 0003 BOX 05918 N/A  
CITY-ST-ZIP APO AP 96286

TITLE ☐ DELETE

NAME STD  
RILEY, JANICE E.  
STREET ADDRESS 3727 ANDREWS HWY NO 2407  
CITY-ST-ZIP ODESSA TX 79782

TITLE ☐ DELETE

NAME ASD  
SINGLETON, EMMETT F., JR.  
STREET ADDRESS 431 BEULAH AVE  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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

7432 HARVEST VILLAGE CT.  
NAVARRE, FL 32566

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7432 HARVEST VILLAGE CT.  
NAVARRE, FL 32566

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

7432 HARVEST VILLAGE CT.  
NAVARRE, FL 32566

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L PARRIS

3-30-98

850-939-0668

Date

Daytime Phone #

0054651

CR2E034 (10/97)