

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90062 036 ***150.00

DOCUMENT # P94000005396																																																																																																																									
1. Entity Name JAMES L. PARRIS, INC.																																																																																																																									
Principal Place of Business 7432 HARVEST VILLAGE CT. NAVARRE FL 32566 US	Mailing Address 7432 HARVEST VILLAGE CT. NAVARRE FL 32566 US																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc. 260 Vinings Way Blvd. # 3105 City & State Destin, FL Zip 32541 Country OKLAHOMA	3. Mailing Address Suite, Apt. #, etc. 260 Vinings Way Blvd. # 3105 City & State Destin, FL Zip 32541 Country OKLAHOMA																																																																																																																								
6. Name and Address of Current Registered Agent																																																																																																																									
PARRIS, JAMES L 7432 HARVEST VILLAGE CT. NAVARRE FL 32566	Name Street Address 260 Vi City Dest																																																																																																																								
8. The above named entity submits this statement for the purpose of changing its registered office or register																																																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>																																																																																																																									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State																																																																																																																								
11. OFFICERS AND DIRECTORS																																																																																																																									
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.																																																																																																																									
SIGNATURE: _____ SIGNATURE REQUIRED																																																																																																																									