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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000009014 (9)

1. Corporation Name

J. PARKER INSURANCE AGENCY, INC.

Principal Place of Business

2061 N.E. 115TH AVE
SILVER SPRINGS FL 34488

Mailing Address

2061 N.E. 115TH AVE
SILVER SPRINGS FL 34488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1994

4. FEI Number

59-3219861

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

2. Principal Place of Business

21 2360 SE 173rd CT

Suite, Apt. #, etc.

22 City & State

23 Silver Springs, FL

24 Zip

34488

Country

25 FLORIDA

2a. Mailing Address

26 Po Box 340

Suite, Apt. #, etc.

27 City & State

28 Silver Springs

29 Zip

34488

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

PARKER, JEAN
2061 N.E. 115TH AVE
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81 Name

CANTRELL, JUDY E.

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

2360 S.E. 173rd CT

83

84 City

SILVER SPRINGS

FL

85 Zip Code

34488

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

Judy E. Cantrell

Judy E. Cantrell - Sec.

4/16/98

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 PARKER, JEAN
STREET ADDRESS 2061 NE 115TH AVE
CITY-ST-ZIP SILVER SPRINGS FL

TITLE ☐ DELETE

NAME PARKER, JAMES L
STREET ADDRESS 2061 NE 115TH AVE
CITY-ST-ZIP SILVER SPRINGS FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 703 ROBERTS MILL RD
1.4 CITY-ST-ZIP HIXSON, TN 37343

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 703 ROBERTS MILL RD
2.4 CITY-ST-ZIP HIXSON, TN 37343

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME CANTRELL, JUDY E
3.3 STREET ADDRESS 2360 S.E. 173rd CT
3.4 CITY-ST-ZIP SILVER SPRINGS, FL 34488

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

CR2E034 (10/97)