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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:28

DOCUMENT # P94000050138 (4)

1. Corporation Name
PARR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O 1200 N. FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432	C/O 1200 N. FEDERAL HIGHWAY SUITE 411 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 P.O. Box 770103
22 Coral Springs FL
23 33077
24 Zip
25 Country USA

2a. Mailing Address
26 PARR Enterprises Inc.
27 P.O. Box 770103
28 Coral Springs FL
29 33077
30 USA

4. FEI Number: 650507860 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARR, JANET
C/O 1200 N. FEDERAL HIGHWAY
SUITE 411
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

91 Name: Janet PARR
92 Street Address (P.O. Box Number is Not Acceptable): 3906 NW 72nd DRIVE
93: Coral Springs FL
84 City: FL 85 Zip Code: 33065

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, type 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	D	11 TITLE	D ☒ Change ☐ Addition
NAME	PARR, JANET	12 NAME	Janet S. PARR
STREET ADDRESS	C/O 1200 N. FEDERAL HIGHWAY, SUITE 411	13 STREET ADDRESS	3906 NW 72nd DRIVE
CITY-ST-ZIP	BOCA RATON FL 33432	14 CITY-ST-ZIP	Coral Springs FL 33065
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	PARR, KENNETH	22 NAME	Kenneth B. PARR
STREET ADDRESS	C/O 1200 N. FEDERAL HIGHWAY, SUITE 411	23 STREET ADDRESS	3906 NW 72nd Dr.
CITY-ST-ZIP	BOCA RATON FL 33432	24 CITY-ST-ZIP	Coral Springs FL 33065
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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: Janet S. Parr Janet S. Parr 1/25/95 305 753-5786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437877 FP