

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995.



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

APPROVED
AND
FILED

95 MAY -1 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001484384
-05/11/95--01083--002
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000057997 (6)

1. Corporation Name

PARRILLO ENTERPRISES, INC.

Principal Place of Business

5338 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821

Mailing Address

5338 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821

3. Date Incorporated or Qualified

08/05/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

4. FEI Number

59-3258642

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

6. This corporation has liability for intangible tax under S. 193.005,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARRILLO, JOAN
5338 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DP
PARRILLO, JOAN
5338 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
DV
PARRILLO, DANIEL
5338 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
PARRILLO, ELIZABETH
5338 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WINTERHALTER, DEBBIE
5338 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

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 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)(b), 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:

Joan Parrillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95

407-396-6242