

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90132 005 ***150.00

DOCUMENT # **P94000061159**

1. Corporation Name

PARKS CONSTRUCTION OF LAKE OKEECHOBEE, INC.

Principal Place of Business

**10 6TH ST. BHR
OKEECHOBEE FL 34974**

Mailing Address

**10 6TH ST. BHR
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1994

4. FEI Number

65-0531625

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1525 SE 23rd ST

2a. Mailing Address

26 1525 SE 23rd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Okeechobee, FL.

City & State

28 Okeechobee, FL.

Zip Country

24 34974

25

Zip Country

29 34974

30

9. Name and Address of Current Registered Agent

**PARKS, VIRGIL
10 6TH ST. BHR
OKEECHOBEE FL 34974**

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 **D** ☐ DELETE

NAME **PARKS, VIRGIL**
STREET ADDRESS **10 6TH ST. BHR**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **D** ☐ DELETE

NAME **PARKS, JACKIE**
STREET ADDRESS **10 6TH ST. BHR**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ DELETE

NAME
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 **VIRGIL PARKS**
1.3 STREET ADDRESS **1525 SE 23rd ST.**
1.4 CITY-ST-ZIP **Okeechobee, FL 34974**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **JACKIE PARKS**
2.3 STREET ADDRESS **1525 SE 23rd ST.**
2.4 CITY-ST-ZIP **Okeechobee, FL 34974**

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 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, with all other like empowered.

SIGNATURE:

Jas. Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)