

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000000044

1. Entity Name
DAPAR, INC.



Principal Place of Business
**14500 BEACH BOULEVARD
JACKSONVILLE, FL 32250**

Mailing Address
**14500 BEACH BOULEVARD
JACKSONVILLE, FL 32250**



03252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3287853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, J. CHRIS
14500 BEACH BOULEVARD
JACKSONVILLE, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000684421
04/06/07-80031-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE P
NAME PARKER, DAVID F
STREET ADDRESS 1739 LIVE OAK LANE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE VP
NAME PARKER, MARILYN C
STREET ADDRESS 1739 LIVE OAK LANE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE T
NAME PARKER, J. CHRIS
STREET ADDRESS 1739 LIVE OAK LN
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE S
NAME PARKER, STEPHEN F
STREET ADDRESS 109 SHERWOOD AVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE AVP
NAME LARRABEE, JUDITH A
STREET ADDRESS 1201 DEFENDER CT W.
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/07

904-992-9888