FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000000347 (1)**

1. Corporation Name

PARK GROUP, INC.

Principal Place of Business	Mailing Address
830 S THIRD ST SUITE 106 JACKSONVILLE BEACH FL 32250 US	P O BOX 51431 SUITE 106 JACKSONVILLE FL 32240 US

2. Principal Place of Business	2a. Mailing Address
21 4060 RICHMOND PARK DR.	26 P.O. BOX 51431
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FLORIDA	City & State 28 JACKSINVILLE BCH, FLORIDA
Zip / Country 24 32224 / 25 DUVAL	Zip / Country 29 32240 / 30 DUVAL

3. Date Incorporated or Qualified 12/30/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3286032	☐ 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

JARRELL, LEDEAN K
830 S THIRD ST
SUITE 106
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name: LEDEAN K. JARRELL
82 Street Address (P.O. Box Number is Not Acceptable): 4060 RICHMOND PARK DR.
83
84 City: JACKSONVILLE **FL** 85 Zip Code: 32224

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: LEDEAN K. JARRELL, PRESIDENT — LeDean K. Jarrell — 2-6-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	— SAME (NO CHANGE) ☒ Change ☐ Addition
NAME	JARRELL, THURMAN R III	1.2 NAME	— SAME (NO CHANGE)
STREET ADDRESS	910 THIRD STREET, SUITE A	1.3 STREET ADDRESS	4060 RICHMOND PARK DR.
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32224
TITLE	D ☐ DELETE	2.1 TITLE	— SAME (NO CHANGE) ☒ Change ☐ Addition
NAME	JARRELL, LEDEAN K	2.2 NAME	— SAME (NO CHANGE)
STREET ADDRESS	910 THIRD STREET, SUITE A	2.3 STREET ADDRESS	4060 RICHMOND PARK DR.
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32224
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(k), 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: LEDEAN K. JARRELL — LeDean K. Jarrell — 2-6-96 — 904-247-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #