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 # P95000023952 (1)

1. Corporation Name

PARRISH CENTRAL, INC.

Principal Place of Business

2606 NE 17TH TERR.
GAINESVILLE FL 32609

Mailing Address

2606 NE 17TH TERR.
GAINESVILLE FL 32609

3. Date Incorporated or Qualified: 03/23/1995

3a. Date of Last Report:

2. Principal Place of Business
21 3455 SW 42nd Avenue
Suite, Apt. #, etc.
22
City & State
23 Gainesville, Florida
Zip 24 32608 Country 25 USA

2a. Mailing Address
26 P.O. Box 141930
Suite, Apt. #, etc.
27
City & State
28 Gainesville, Florida
Zip 29 32614 Country 30 USA

4. FEI Number: 59-3314894 ☐ 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

SALZMAN, ANTHONY J
MOODY, SALZMAN & ROBERTSON
500 E. UNIVERSITY AVENUE, SUITE A
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: Peter A. Robertson
82 Street Address (P.O. Box Number is Not Acceptable): 4128 NW 13th Street
83
84 City: Gainesville FL 85 Zip Code: 32609

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: Peter A. [signature] DATE: 6-10-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BUZBEE, JOEL	
STREET ADDRESS	2606 NE 17TH TERR.	
CITY-ST-ZIP	GANESVILLE FL 32609	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	☒ Change ☐ Addition
1.2 NAME	Buzbee, Joel	
1.3 STREET ADDRESS	3455 SW 42nd Avenue	
1.4 CITY-ST-ZIP	Gainesville, Florida 32608	
2.1 TITLE	VP/SEC.-Treas/Director	☐ Change ☒ Addition
2.2 NAME	Nobles, Fred	
2.3 STREET ADDRESS	3455 SW 42nd Avenue	
2.4 CITY-ST-ZIP	Gainesville, Florida 32608	
3.1 TITLE	VP	☐ Change XX Addition
3.2 NAME	Walsh, Michael	
3.3 STREET ADDRESS	3455 SW 42nd Avenue	
3.4 CITY-ST-ZIP	Gainesville, Florida	
4.1 TITLE	VP	☐ Change XX Addition
4.2 NAME	Whann, Lloyd	
4.3 STREET ADDRESS	175 5th Street SW, Suite 104	
4.4 CITY-ST-ZIP	Winter Haven, Florida 33883	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	700001868897	
5.4 CITY-ST-ZIP	-06/20/96--01022--003	
6.1 TITLE	***208.75	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

05-01-96 02

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: JOEL BUZBEE [signature], PRESIDENT 4-25-96 352-378-1571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)