
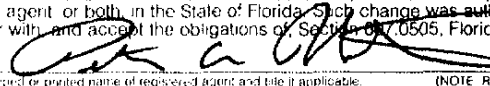
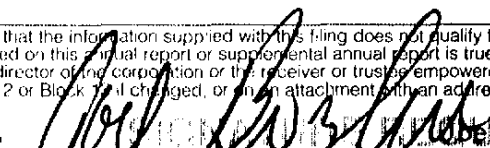


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 3455 SW 42 AVE GAINESVILLE FL 32608 US			Mailing Address P.O. BOX 141930 GAINESVILLE FL 32614-1930 US		
2. Principal Place of Business 21 175 5th ST. S.W. Suite, Apt. #, etc. 22 SUITE 104 City & State 23 WINTER HAVEN, FLORIDA Zip Country 24 33880 25 USA		2a. Mailing Address 26 PO BOX 7576 Suite, Apt. #, etc. 27 City & State 28 WINTER HAVEN, FLORIDA Zip Country 29 33883 30 USA		3. Date Incorporated or Qualified 03/23/1995	
				3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-3314894	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROBERTSON, PETER A 4120 NW 18 ST GAINESVILLE FL 32609			10. Name and Address of New Registered Agent 81 Name ROBERTSON, PETER A. 82 Street Address (P.O. Box Number is Not Acceptable) 220 N. MAIN STREET 83 SUITE A 84 City GAINESVILLE FL 85 Zip Code 32601		
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  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D BUZBEE, JOEL <input type="checkbox"/> DELETE				
NAME	3455 SW 42 AVE				
STREET ADDRESS	GAINESVILLE FL 32608				
CITY-ST-ZIP	VDST <input type="checkbox"/> DELETE				
TITLE	NOBLES, FRED				
NAME	3455 SW 42 AVE				
STREET ADDRESS	GAINESVILLE FL 32608				
CITY-ST-ZIP	VP <input type="checkbox"/> DELETE				
TITLE	WALSH, MICHAEL				
NAME	3455 SW 42 AVE				
STREET ADDRESS	GAINESVILLE FL 32608				
CITY-ST-ZIP	VP <input type="checkbox"/> DELETE				
TITLE	WHANN, LLOYD				
NAME	175 5TH ST S.W. #104				
STREET ADDRESS	WINTER HAVEN FL 33883				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
NAME	<input type="checkbox"/> DELETE				
STREET ADDRESS	<input type="checkbox"/> DELETE				
CITY-ST-ZIP	<input type="checkbox"/> DELETE				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
14. I do 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.					
SIGNATURE:  Joel Buzbee, President 2-07-97 (352) 378-1571					



CR2E034 (9/96)