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

CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000023952 (1)

PARRISH CENTRAL, INC. Principal Place of Business Mailing Address 175 5TH ST SW P.O BOX 7576 SUITE 104 WINTER HAVEN FL 33883 DO NOT WRITE IN THIS SPACE WINTER HAVEN FL 33880 3. Date Incorporated or Qualified 03/23/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3314894 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBERTSON, PETER A 220 N MAIN STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE A 83 GAINESVILLE FL 32601 84 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ TITLE PTD 1.1 TITLE Change Addition NAME Buzbee, Joel 1.2 NAME 3455 SW 42 AVE STREET ADDRESS 1.3 STREET ADDRESS 32608 **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE **VPSD** ☐ DELETE 2.1 TITLE Change Addition NAME NOBLES, FRED 2.2 NAME 3455 SW 42 AVE STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition WALSH, MICHAEL NAME 3.2 NAME 3455 SW 42 AVE STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL 32808** CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change ☐ Addition WHANN, LLOYD NAME 4. 2 NAME 175 5TH ST S.W. #104 STREET ADDRESS 4.3 STREET ADDRESS WINTER HAVEN FL 33883 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

14. Thereby 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 fird 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 empoyed do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change SIGNATIBE

6.4 CITY - ST - ZIP

FILED

Apr 27 1998 8:00am

Secretary of State