

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023952

1. Corporation Name

PARRISH CENTRAL, INC.

Principal Place of Business

176 5TH ST SW
SUITE 404
WINTER HAVEN FL 33880
US

Mailing Address

P.O BOX 7576
WINTER HAVEN FL 33883
US

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90011 025 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1995

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 4210 Hammond Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Winter Haven, FL

27 City & State

28 Zip

24 33881

Country

25 US

29 Zip

Country

30

9. Name and Address of Current Registered Agent

ROBERTSON, PETER A
220 N MAIN STREET
SUITE A
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BUZBEE, JOEL
3455 SW 42 AVE
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
NOBLES, FRED
3455 SW 42 AVE
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WALSH, MICHAEL
3455 SW 42 AVE
GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WHANN, LLOYD
175 5TH ST S.W. #104
WINTER HAVEN FL 33883

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Nobles

3125199

Date

352-378-1571

Daytime Phone #

CR2E034 (1/98)