SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)											
PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS				·			
DOCUMENT # P95000034664 (9)											
PARRISH BUILDERS & DEVELOPMENT CORP.											
Principat Place of Business			Mailing Address						DANN GANN OLIDA	EALTA DIDIO DIVIN DIVIN DIEN NOTE	
3838 KILLEARN COURT TALLAHASSEE FL 32308			3838 KILLEARN COURT TALLAHASSEE FL 32308								
									 Date Incorporated or Qua 05/03/1995 	Hed 3a.	Date of Last Report
2. Principal Place of Business 21				2a. Mailing Address					4. FEI Number		Applied For Not Applicable
Suite, Apt. #, etc				Suite, Apt #, etc.					5. Certificate of Status Desire	ed []	\$8.75 Additional Fee Required
City & State	e			City & S	itate				6. Election Campaign Finance	ong [7	\$5.00 May Be
Zıp		Country		Z ip		Countr	у		Trust Fund Contribution 8. This corporation has liabil		
24		and Addres	s of Current Re	29 Igistered Ag	ent	30	· · · · · ·		Florida Statutes 10. Name and Address of No.	Yes ew Registere	No d Agent
GOLDBERG, STUART E 305 S. GADSDEN ST. TALLAHASSEE FL 32301 82 Street Address (P.D. Box Number is Not Acceptable) 38 38 Nullearn 84 City City City Code 3 3 3 8 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 agent. or both, in the State of Funda. Syn change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Tay familiar with anti-sace but the applications of Sections 607.0505, Florida Statutes.											of changing its registered
SIGNATURE	$\Delta = 1$	760h	registered ayent and	///					when reads(along)	8/1	196
12.			ICERS AND D		······	13.	ent signature	O	ADDITIONS/CHANGES TO	OFFICERS AI	
TITLE NAME	P			Ļ,	DELETE	1 1 TITLE 1 2 NAME		Par	rrigh, Robert C,	Ar.	Change Addition
STREET ADDRESS CITY-ST-ZIP						1 3 STREE	T ADDRESS	38	38 Killeam Ca	tor.	
TITLE					DELETE	2 1 TIFLE	31 · ZIP	110	Illahassee TL		Change Addition
NAME STREET ADDRESS						22 NAME 23 STREE	T ADDRESS				
CITY-ST-ZIP					DELÉTE	2 4 CITY -	ST-ZIP				
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TITLE NAME				L	DELETE	5.1 TITLE 5.2 NAME					Change Addition
STREET ADDRESS							T ADORESS				
CITY-ST-ZIP TITLE					DELETE	5.4 CITY -:	ST-ZIP	 			Change Addition
NAME				L	_ occ.ic	6.2 NAME					F""] Cuende [] Wanifaij
STREET ADDRESS							T ADDRESS				
City-St-ZiP 14. I do heret further ce	L by certify that ertify that the	the informat	on supplied wit	h this filing is	voluntarily furn	640ITY-: hished and htal annual	does not	qualify	for the exemption stated in Secondary	otion 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or go attachment with an address.											
SIGNATURE: X Bobb Completed on Printe) NAME OF SIGNING OFFICE OR DIRECTOR RUSE AND TYPED OR PRINTE) NAME OF SIGNING OFFICE OR DIRECTOR RUSE AND TYPED OR PRINTE) NAME OF SIGNING OFFICE OR DIRECTOR											