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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Wertham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063789 (8)

1. Corporation Name
PARKS CHRISTMAS CORNERS, INC.



Principal Place of Business
2721 W. GULF DRIVE
UNIT 311
SANIBEL FL 33957

Mailing Address
2721 W. GULF DRIVE
UNIT 311
SANIBEL FL 33957-5900

3. Date Incorporated or Qualified
08/17/1995

3a. Date of Last Report
03/04/1996

2. Principal Place of Business
21 955 LOGGERHEAD IS. DR.

2a. Mailing Address
26 955 LOGGERHEAD IS. DR.

4. FEI Number
65-0606264

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 SATELLITE BEACH, FL

City & State
28 SATELLITE BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 32937

Country
25 BREVARD

Zip
29 32937

Country
30 BREVARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	CD
NAME	PARKS, THOMAS L	1.2 NAME	PARKS, THOMAS L
STREET ADDRESS	2721 W GULF DR 311	1.3 STREET ADDRESS	955 LOGGERHEAD IS. DR.
CITY - ST - ZIP	SANIBEL FL	1.4 CITY - ST - ZIP	SATELLITE BEACH, FL 32937
TITLE	VPTS	2.1 TITLE	PTSD
NAME	HAAN, VICKI L	2.2 NAME	PARKS, VICKI HAHN
STREET ADDRESS	2721 S GULF DR 311	2.3 STREET ADDRESS	955 LOGGERHEAD IS. DR.
CITY - ST - ZIP	SANIBEL FL	2.4 CITY - ST - ZIP	SATELLITE BEACH, FL 32937
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

Thomas L Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 407-777-9171
Date Daytime Phone #

CR2E034 (9/96)