2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State DOCUMENT # **P95000081309** THE PARRAMORE HOUSE, INC. 05-02-2000 90105 008 ***150.00 Mailing Address Principal Place of Business RT 1 BOX 155 RT 1 BOX 155 949974 COUNTY RD 333 **COUNTY RD 333** BRISTOL FL 32321-9522 BRISTOL FL 32321 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3307711 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAUGHTREY, JOYCE Street Address (P.O. Box Number is Not Acceptable) RT 1 BOX 155 **COUNTY RD 333 BRISTOL FL 32321** Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition **PSD** ☐ Change TITLE Delete TITLE DAUGHTREY, JOYCE NAME 24 STREET ADDRESS STREET ADDRESS RT.11 BOX 173 AA CITY-ST-ZIP CITY-ST-7IP BRISTOL FL 32321 ☐ Change Addition TITLE Delete TITLE DAUGHTREY, HENRY NAME NAME STREET ADDRESS STREET ADDRESS RT. 1 BOX 173AA CITY-ST-ZIP CITY-ST-ZIP BRISTOL FL 32321 ☐ Delete ☐ Change Addition 🔲 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2000

850-643-3123

Daytime Phone #