

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90062 019 ***150.00

DOCUMENT # P96000072570

1. Corporation Name

PARKERSON GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1411 S.W. 7TH AVE.
OKEECHOBEE FL 34974**

Mailing Address

**1411 S.W. 7TH AVE.
OKEECHOBEE FL 34974**

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

65-0698358

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 15612 71st DR. N.

2a. Mailing Address

26 SAME AS LEFT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Beach Gardens, FL.

City & State

28

Zip

Country

24 33418 25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PARKERSON, MARCIA L
1411 S.W. 7TH AVE.
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

81 Name

MARCIA L. PARKERSON

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

15612 71st DR. NORTH

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33418

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 **Marcia L. Parkerson**
Signature, typed or printed name of registered agent and title if applicable.

MARCIA L. PARKERSON

4/30/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **PARKERSON, MARCIA L**
STREET ADDRESS **1411 S.W. 7TH AVE.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**
Address change 15612 71st DR. N. Palm Beach Gardens, FL. 33418

TITLE **D** ☐ DELETE
NAME **MARKHAM, WENDY S**
STREET ADDRESS **1411 S.W. 7TH AVE.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**
Same as Above

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Date

Daytime Phone #

Marcia L. Parkerson 04/30/99 (561) 627-0664

CR2E034 (11/98)