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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000072932 (2)**

1. Corporation Name

PARK POINT HOLDING, INC.

Principal Place of Business

Mailing Address

**3304 S.W. 34TH CIR.
OCALA FL 34474
US**

**P.O. BOX 4338
OCALA FL 34478
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

59-3397475

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARFIELD, TODD
2901 S.W. 41 ST.
#2805
OCALA FL 34474**

81 Name **Todd Barfield**

82 Street Address (P.O. Box Number is Not Acceptable)
4904 SE 7 Place

83

84 City **Ocala**

FL

85 Zip Code **34471**

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 **PD** ☐ DELETE

NAME **BARFIELD, TODD L**
STREET ADDRESS **2901 S.W. 41 ST., #2805**
CITY-ST-ZIP **OCALA FL**

TITLE **VP** ☐ DELETE

NAME **GUARINO, MICHAEL**
STREET ADDRESS **2300 S.E. 17 ST., #101**
CITY-ST-ZIP **OCALA FL**

TITLE **S** ☐ DELETE

NAME **BARFIELD, TODD L**
STREET ADDRESS **2901 S.W. 41ST, #2805**
CITY-ST-ZIP **OCALA FL**

TITLE **T** ☐ DELETE

NAME **ARELLANO, JORGE R**
STREET ADDRESS **2901 S.W. 42ST, #2805**
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE

NAME **PYLES, STEPHEN T**
STREET ADDRESS **2300 S.E. 17 ST., #101**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Todd L Barfield**
1.3 STREET ADDRESS **4904 SE 7 Place**
1.4 CITY-ST-ZIP **Ocala, FL 34471**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **Secretary** ☒ Change ☐ Addition

3.2 NAME **Todd L Barfield**
3.3 STREET ADDRESS **4904 SE 7 Place**
3.4 CITY-ST-ZIP **Ocala, FL 34471**

4.1 TITLE **T** ☒ Change ☐ Addition

4.2 NAME **Jorge R Arellano**
4.3 STREET ADDRESS **1644 Tigertail Ave**
4.4 CITY-ST-ZIP **Coconut Grove, FL 33133**

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.

SIGNATURE

CR2E034 (10/97)