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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000089430 (8)

1. Corporation Name

PARISH OLDE TOWNE CENTRE, INC.

Principal Place of Business

261 AQUA COURT
NAPLES FL 34102

Mailing Address

261 AQUA COURT
NAPLES FL 34102-7551

3. Date Incorporated or Qualified

10/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 1020 EIGHTH AVENUE SOUTH

2a. Mailing Address

26 1020 EIGHTH AVENUE SOUTH

4. FEI Number

59-3406877

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE ONE

Suite, Apt. #, etc.

27 SUITE ONE

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 NAPLES, FLORIDA

City & State

28 NAPLES, FLORIDA

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

24 34102

Country

25 COLLIER

Zip

29 34102

Country

30 COLLIER

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

9. Name and Address of Current Registered Agent

PARISH, DAVID E
261 AQUA COURT
NAPLES FL 34102

10. Name and Address of New Registered Agent

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 607.0506, 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 ☐ DELETE

NAME
D PARISH, DAVID E
STREET ADDRESS
261 AQUA COURT
CITY-ST-ZIP
NAPLES FL 34102

TITLE ☐ DELETE

NAME
D PARISH, JOAN K
STREET ADDRESS
261 AQUA COURT
CITY-ST-ZIP
NAPLES FL 34102

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID E. PARISH 1/11/97 941-262-8444

CR2E034 (9/96)