

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90112 033 \*\*\*150.00

DOCUMENT # P96000089915

1. Corporation Name

PAROW INDUSTRIES, INC.

Principal Place of Business

325 SHADOW OAK DR  
CASSELBERTY FL 32707

Mailing Address

325 SHADOW OAK DR  
CASSELBERTY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-3428864

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

21 325 Shadow Oak Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 325 Shadow Oak Dr  
Suite, Apt. #, etc.

City & State

23 Casselberry FL

City & State

28 Casselberry FL

Zip

24 32707

Country

25 Seminole

Zip

29 32707

Country

30 Seminole

9. Name and Address of Current Registered Agent

PAROW, DANIEL F  
325 SHADOW OAK DR  
CASSELBERTY FL 32707

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 607.0505, Florida Statutes.

SIGNATURE

Daniel F Parow Daniel F Parow President 4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME PAROW, JUDITH  
STREET ADDRESS 325 SHADOW OAK DR  
CITY-ST-ZIP CASSELBERRY FL 32707

P ☐ DELETE

NAME PAROW, DANIEL  
STREET ADDRESS 325 SHADOW OAK DR  
CITY-ST-ZIP CASSELBERRY FL 32707

V ☐ DELETE

NAME PAROW, GEORGE V  
STREET ADDRESS 2490 BAY BERRY DR  
CITY-ST-ZIP CLEARWATER FL 33763

S ☒ DELETE

NAME THOMAS, LELIEVRE  
STREET ADDRESS 970 ELLAGO TERR  
CITY-ST-ZIP WINTER SPRINGS FL 32708

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PAROW Judith  
1.3 STREET ADDRESS 325 Shadow Oak Dr  
1.4 CITY-ST-ZIP Casselberry FL 32707

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Parow Daniel  
2.3 STREET ADDRESS 325 Shadow Oak Dr  
2.4 CITY-ST-ZIP Casselberry FL 32707

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Parow George V  
3.3 STREET ADDRESS 2490 Bay Berry Dr  
3.4 CITY-ST-ZIP Clearwater FL 33763

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 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:

Daniel F Parow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

(405) 696-2798

Daytime Phone #

CR2E034 (11/98)

0068954