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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90100 026 ***150.00

DOCUMENT # **P96000102165**

1. Corporation Name
PARSLEY & ASSOCIATES, INC.

Principal Place of Business
**1115 LAKELAND HILLS BLVD
LAKELAND FL 33805**

Mailing Address
**1115 LAKELAND HILLS BLVD
LAKELAND FL 33805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24. 25. 29. 30. 9. Name and Address of Current Registered Agent

**PARSLEY, JON M
1115 LAKELAND HILLS BLVD
LAKELAND FL 33805**

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

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 NAME STREET ADDRESS CITY-ST-ZIP

**D
PARSLEY, JON M
1115 LAKELAND HILLS BLVD
LAKELAND FL 33805**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
PARSLEY, GEORGE M
1115 LAKELAND HILLS BLVD
LAKELAND FL 33805**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
PARSLEY, WANDA J
1115 LAKELAND HILLS BLVD
LAKELAND FL 33805**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13.

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

SIGNATURE:

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.

John M Parsley

Date

Daytime Phone #

1/19/99 941 688 5305

CR2E034 (1/98)