

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000103865 1. Entity Name PARKER REALTY OF MEXICO BEACH, INC.						FILED 04 OCT 29 AM 11:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3016 HWY 98 MEXICO BEACH, FL 32410				Mailing Address 3016 HWY 98 MEXICO BEACH, FL 32410			
2. Principal Place of Business				3. Mailing Address PO Box 13123			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State Mexico Beach, Florida			
Zip		Country		Zip 32410		Country	
4. FEI Number 59-3416269				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOBBS, CATHEY P 3016 HWY 98 MEXICO BEACH, FL 32410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Cathey P. Hobbs</i></u> 10/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HOBBS, CATHEY P P O BOX 13458 N/A MEXICO BEACH, FL 32410 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, CATHEY P P O BOX 13458 N/A MEXICO BEACH, FL 32410 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, CHARLES M 3016 HIGHWAY 98 MEXICO BEACH, FL 32410 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 700042318697 10/29/04--01069--004 **758.75 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <i>Prum</i> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Cathey P. Hobbs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> 10/28/04 850-648-5777 </div> <small>Date Daytime Phone #</small>			