2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 APR 22 AM 11:45 DOCUMENT # P97000019660 SECRETARY OF STATE TALLAHASSIE FLORIDA PARRISH PROPERTIES & DEVELOPMENT CORP. Principal Place of Business Mailing Address 2282-B KILLEARN CENTER BLVD 2282-B KILLEARN CENTER BLVD 66415723 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Adcress 1901 HERMITAGE BLVD. 1701 HEAMITAGE BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chg-P CR2E034 (10/03) SUITE 202 Suite 202 City & State City & State 4. FEI Number Applied For TALLAMASSE E TALLAHASSEE. 59-3434916 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32308 32308 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARRISH, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 1701 HEKMITAGE BLVD. 2282-A KILLEARN CENTER BLVD TALLAHASSEE, FL 32308 SHITE 202 City TALLAHASSEE Zip Code 32308 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Addition PARRISH, ROBERT R NAME NAME 1701 HERMITAGE BLVD. SUITE 202 STREET ADDRESS 2282-A KILLEARN CTR BLVD STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-7IP TAUAHASSEE EZ 32308 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 500033801805 CITY-ST-ZIP CITY-ST-ZIP 04/26/04--01010--025 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 accorded and that my signature shall have the same legal effect as if made under oath; that I am an officer or director indicated on this report or supplemental report is true and accorate 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: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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