SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000058318 (1)

JAMES E. PARRIS, JR., INC.

Mailing Address 11201 PINE STREET 11201 PINE STREET JACKSONVILLE FL 32258 JACKSONVILLE FL 32258 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **AMERILAWYER CHARTERED** 81 343 ALMERIA AVENUE -CORAL GABLES FL 33134 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, segion 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent re required when reinstating) CR2E034 (5/98) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD TITLE DELETE 1.1 TITLE Change Addition PARRIS, JAMES E JR NAME 1.2 NAME 11201 PINE STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Addition Change PARRIS, ANGELA F NAME 2.2 NAME 11201 PINE STREET STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32258 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE ___ Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIF TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE ___ Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 amounted this report as required by Chapter 607, Florida Statutes; and that my name appears

FILED

Sep 30 1998 8:00am

Secretary of State