2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000088666** May 01, 2000 8:00 am Secretary of State G & H PARKER CONSTRUCTION, INC. 05-01-2000 90380 016 ***158.75 Principal Place of Business Mailing Address 1401 W. 7TH ST 1401 W. 7TH ST RIVIERA BEACH FL 33404-7229 RIVIERA BEACH FL 33404 3. Mailing Address 2. Principal Place of Business 1401 Wi Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0788328 Beach, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER, HATTIE B Street Address (P.O. Box Number is Not Acceptable) 1401 W. 7TH ST. **RIVIERA BEACH FL 33404** Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE PARKER, GRADY A NAME NAME STREET ADDRESS STREET ADDRESS 1401 W. 7TH ST CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** Delete Addition TITLE TITLE DARKER, HATTIE PARKER, HATTIE B. NAME TREASUREN ShAtiFFANG L 440 W. 3544 ST RIVIERS TO ST STREET ADDRESS STREET ADDRESS 1401 W. 7TH ST CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** Delete TITLE TREA SUREN TITLE SHA+I FFANY NAME L, FRAXIER NAME STREET ADDRESS STREET ADDRESS 440 W. 35HIST RIVIERA BEACH, FC 33404 VIERA BEACK FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Hattie Volacken VP + Sect

4/21/00

561-863-9964

Daytime Phone #