

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90133 017 ***150.00

DOCUMENT # P98000016206

1. Corporation Name

PARALLEL PRODUCTS OF FLORIDA, INC.

Principal Place of Business

411 NORTH SAM HOUSTON PKWY. E.
SUITE 400
HOUSTON TX 92274

Mailing Address

411 NORTH SAM HOUSTON PKWY. E.
SUITE 400
HOUSTON TX 92274

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1998

4. FEI Number

59-3507761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 77060 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 77060 30

9. Name and Address of Current Registered Agent

NATIONS CORP REGISTERED AGENTS INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

C T Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

85

Zip Code

33324

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

by: *E.A. Wallace*

E.A. Wallace, Ass't Secy

4/8/99

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME

W. Gregory Orr

1.3 STREET ADDRESS

411 N Sam Houston Pkwy E, Ste 400

1.4 CITY-ST-ZIP

Houston, TX 77060

2.1 TITLE President ☐ Change ☒ Addition

2.2 NAME

W. Gregory Orr

2.3 STREET ADDRESS

411 N Sam Houston Pkwy E, Ste 400

2.4 CITY-ST-ZIP

Houston, TX 77060

3.1 TITLE Secretary ☐ Change ☒ Addition

3.2 NAME

Earl J. Blackwell

3.3 STREET ADDRESS

411 N Sam Houston Pkwy E, Ste 400

3.4 CITY-ST-ZIP

Houston, TX 77060

4.1 TITLE Assistant Secretary ☐ Change ☒ Addition

4.2 NAME

Gary Van Rooyan

4.3 STREET ADDRESS

411 N Sam Houston Pkwy E, Ste 400

4.4 CITY-ST-ZIP

Houston, TX 77060

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Earl J. Blackwell
Earl J. Blackwell
Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(281) 272-4500

Daytime Phone #

CR2E034 (11/98)