

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90052 021 ***150.00

DOCUMENT # P98000040898

1. Corporation Name

PAR INTERNATIONAL SOURCING, INC.

Principal Place of Business

15588 AVIATION LOOP DRIVE
BROOKSVILLE FL 34609

Mailing Address

15588 AVIATION LOOP DRIVE
BROOKSVILLE FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

59-3520256

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 2385 Aerial Way

2a. Mailing Address

26 2385 Aerial Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Brooksville FL

City & State

28 Brooksville FL

Zip

24 34609

Country

25 USA

Zip

29 34609

Country

30 USA

9. Name and Address of Current Registered Agent

MORRIS, ROBERT A JR.
703 W. SUMMIT ROAD
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 P ☐ DELETE

NAME HENDERSON, GERARD D
STREET ADDRESS 15588 AVIATION LOOP DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE V ☐ DELETE

NAME MORRIS, ROBERT A JR.
STREET ADDRESS 703 W. SUMMIT ROAD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE ST ☐ DELETE

NAME DELMASTRO, MAXINE
STREET ADDRESS 15588 AVIATION LOOP DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34609

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 P ☒ Change ☐ Addition

1.2 NAME Henderson, Gerard D.
1.3 STREET ADDRESS 2385 Aerial Way
1.4 CITY-ST-ZIP Brooksville, FL 34609

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ST ☒ Change ☐ Addition

3.2 NAME Delmastro, Maxine
3.3 STREET ADDRESS 2385 Aerial Way
3.4 CITY-ST-ZIP Brooksville, FL 34609

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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: Gerard D. Henderson 3/12/99 352 799-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)