

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S24090 (0)

1. Corporation Name
PARCORP INC.

Principal Place of Business
5444 BAY CENTER DRIVE, SUITE 112
TAMPA FL 33609

Mailing Address
5600 MARINER ST
STE 120
TAMPA FL 33609
US

3. Date Incorporated or Qualified 01/10/1991
3a. Date of Last Report 07/11/1995
4. FEI Number 59-3047168
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 has liability for intangible tax under s. 199.03? Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 342 ERIE STREET
Suite, Apt. #, etc SUITE 106
22
City & State STRATFORD, ONT.
23
Zip NSA 2N4 Country CANADA
24
25
26 342 ERIE STREET
Suite, Apt. #, etc SUITE 106
27
City & State STRATFORD, ONT.
28
Zip NSA 2N4 Country CANADA
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9. Name and Address of Current Registered Agent
HRAWG CORP.
2000 GLADES ROAD, SUITE 400
BOCA RATON FL 33431

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 of the person filing this report (if the filer is not the registered agent, the filer must be a director or officer of the corporation and must sign as such).

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PTD			☐
	PARSON, DAVID	342 ERIE STREET, SUITE 106	STRATFORD-ONTARIO-CA NSA 2N4	☐
	S			☒
	MANN, STUART K	TORONTO-DOMINION BANK TOWER, STE. 2400	TORONTO, ONT.CANADA M5K 1E7	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID PARSON, PRESIDENT 7/02/96 519-273-1691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)