FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:21

DOCUMENT # S28939 (4)

1. Corporation Name
PARGAL CORP.

Principal Place of Business
7800 BAYBERRY ROAD
JACKSONVILLE FL 32256

Mailing Address
7800 BAYBERRY ROAD
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1991
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3051527 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

FULLERTON, ROBERT C.
7800 BAYBERRY ROAD
JACKSONVILLE FL 32256

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 ______ DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	REIN, WILLIAM F.	1.2 NAME	
STREET ADDRESS	7800 BAYBERRY ROAD	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	REIN, JOAN A.	2.2 NAME	
STREET ADDRESS	7800 BAYBERRY ROAD	2.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	2.4 CITY ST ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	FULLERTON, ROBERT	3.2 NAME	
STREET ADDRESS	7800 BAYBERRY ROAD	3.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	3.4 CITY ST ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	STUTZMAN, GARY	4.2 NAME	
STREET ADDRESS	7800 BAYBERRY ROAD	4.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	4.4 CITY ST ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	NEWMAN, GUDRUN	5.2 NAME	
STREET ADDRESS	201 GULF OF MEXICO DR	5.3 STREET ADDRESS	DELETE
CITY ST ZIP	LONGBOAT KEY FL	5.4 CITY ST ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	PATE, MARCIE	6.2 NAME	
STREET ADDRESS	7800 BAYBERRY ROAD	6.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] GARY STUTZMAN 5/30/95 904-737-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020810 CP