

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # S30789 (9)

1. Corporation Name
PARKS LIFE & HEALTH, INC.

95 MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3300 SW 34TH AVE. SUITE 112 OCALA FL 34474 US	Mailing Address 3300 SW 34TH AVE. SUITE 112 OCALA FL 34474 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/11/1991	3a. Date of Last Report 04/28/1994
4. FEI Number 59-3051932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 901 SW 60TH AVE	2a. Mailing Address 26 P O BOX 770788
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OCALA FL 34474	City & State 28 OCALA FL 34477-0788
Zip 24 34474	Country 25 US
Zip 29 34477	Country 30 US

9. Name and Address of Current Registered Agent
**PARKS, JERRY W.
3300 SW 34TH AVE.
SUITE 112
OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	709 SE 15 AVE
83	
84 City	OCALA
85 Zip Code	FL 34471

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 officer 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	PARKS, JERRY W. 3300 SW 34TH AVE. OCALA FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS 709 SE 15 AVE	
CITY - ST - ZIP		1.4 CITY - ST - ZIP OCALA FL 34471	
TITLE VD	O'ROURKE SR, EDWARD H 282 SE 50TH AVE OCALA FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE SDT	PALMER, MARGARET 3300 SW 34TH AVE / S - 112 OCALA FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS 709 SE 15 AVE	
CITY - ST - ZIP		3.4 CITY - ST - ZIP OCALA FL 34471	
TITLE D	OFARRELL, MICHAEL J JR 4400 SW 27TH AVE OCALA FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	DUNCAN, ALEXANDER 200 S. FOURTH STREET GENEVA IL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 (changed) or in an Attachment with an address.

SIGNATURE: *Jerry W Parks* **JERRY W. PARKS** 4/28/95 904-237-2164