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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S30789 (9)

1. Corporation Name
PARKS LIFE & HEALTH, INC.

Principal Place of Business

801 SW 60TH AVE
SUITE 112
OCALA FL 34474
US

Mailing Address

P O BOX 770788
~~SUITE 112~~
OCALA FL 34477-0788
US

3. Date Incorporated or Qualified 02/11/1991
3a. Date of Last Report 06/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 No Ste #
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 No Ste #
28 City & State

29 Zip 30 Country

4. FEI Number 59-3051932
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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKS, JERRY W.
709 SE 15TH AVE
SUITE 112
OCALA FL 34471

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 | D | <input type="checkbox"/> DELETE |
| NAME | PARKS, JERRY W. | |
| STREET ADDRESS | 709 SE 15 AVE | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | O'ROURKE SR, EDWARD H | |
| STREET ADDRESS | 282 SE 50TH AVE | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | SDT | <input type="checkbox"/> DELETE |
| NAME | PALMER, MARGARET | |
| STREET ADDRESS | 709 SE 15 AVE | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OFARRELL, MICHAEL J JR | |
| STREET ADDRESS | 4400 SW 27TH AVE | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DUNCAN, ALEXANDER | |
| STREET ADDRESS | 200 S. FOURTH STREET | |
| CITY-ST-ZIP | GENEVA IL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry W Parks

4/11/97 352-237-2164

CR2E034 (9/96)