## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$30789

(9)

PARKS LIFE & HEALTH, INC. Principal Place of Business Mailing Address 901 SW 60TH AVE P O BOX 770788 OCALA FL 34474 OCALA FL 34477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/11/1991 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3051932 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Parks. Jerry W. 709 SE 15TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 112 OCALA FL 34471 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Ftorida 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change Addition PARKS, JERRY W. NAME 1.2 NAME 709 SE 15 AVE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE O'ROURKE SR. EDWARD H NAME 2.2 NAME 282 SE 50TH AVE STREET ADDRESS 2.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition PALMER, MARGARET NAME 3.2 NAME 709 SE 15 AVE STREET ADDRESS 3.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change \_\_\_ Addition OFARRELL, MICHAEL J JR NAME 4. 2 NAME 4400 SW 27TH AVE STREET ADDRESS 4.3 STREET ADDRESS OCALA FL CITY-ST-ZW 4.4 CITY-ST-ZIP DFLETE TITLE 5.1 TITLE Addition DUNCAN, ALEXANDER NAME 5.2 NAME STREET ADDRESS 200 S. Fourth Street 5.3 STREET ADDRESS GENEVA IL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

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.

SIGNATURE:

47/98

352-237-2164

**FILED** 

Apr 13 1998 8:00am

Secretary of State

CR2E034 (10/97)