

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S30789**

1. Corporation Name  
**PARKS LIFE & HEALTH, INC.**

Principal Place of Business

901 SW 60TH AVE  
OCALA FL 34474  
US

Mailing Address

P O BOX 770788  
OCALA FL 34477  
US

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90104 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1991

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **PARKS, JERRY W.**  
STREET ADDRESS **709 SE 15 AVE**  
CITY-ST-ZIP **OCALA FL**

TITLE **VD** ☐ DELETE

NAME **O'ROURKE SR, EDWARD H**  
STREET ADDRESS **282 SE 50TH AVE**  
CITY-ST-ZIP **OCALA FL**

TITLE **SDT** ☐ DELETE

NAME **PALMER, MARGARET**  
STREET ADDRESS **709 SE 15 AVE**  
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE

NAME **OFARRELL, MICHAEL J JR**  
STREET ADDRESS **4400 SW 27TH AVE**  
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE

NAME **DUNCAN, ALEXANDER**  
STREET ADDRESS **200 S. FOURTH STREET**  
CITY-ST-ZIP **GENEVA IL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Signature of Parks, Jerry W.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99  
Date

352-237-2164  
Daytime Phone #

CR2E034 (11/98)