

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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90006 042 \*\*\*300.00

DOCUMENT # S59521

1. Corporation Name  
PARC-MCCC, INC.



Principal Place of Business

169 MARSHSIDE DR  
ST. AUGUSTINE FL 32084  
US

Mailing Address

169 MARSHSIDE DR  
ST. AUGUSTINE FL 32084  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1991

4. FEI Number

59-3070242

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 4314 Pablo Oaks Ct.

27 Suite, Apt. #, etc.

28 City & State

28 Jacksonville, FL

29 Zip Country

29 32224

30

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORP.  
2000 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4314 Pablo Oaks Ct

84

City

Jacksonville

FL

85 Zip Code

32224

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: Tanya P. Pederson

4-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME O'STEEN, ROGER M.  
STREET ADDRESS 7903 VINEYARD LAKE RD. N  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP  
NAME BARBOUR, GREGORY J.  
STREET ADDRESS 9250 BAYMEADOWS RD #200  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST  
NAME OWENS, LAUREN L  
STREET ADDRESS 9250 BAYMEADOWS RD #200  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 4314 Pablo Oaks Ct.  
2.4 CITY-ST-ZIP Jacksonville, FL 32224

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 4314 Pablo Oaks Ct.  
3.4 CITY-ST-ZIP Jacksonville, FL 32224

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS Tanya P. Pederson  
4.4 CITY-ST-ZIP 4314 Pablo Oaks Ct.  
Jacksonville, FL 32224

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)