

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S59524

(6)

1. Corporation Name

PARC-DCCC, INC.



Principal Place of Business

9250 BAYMEADOW ROAD
SUITE 200
JACKSONVILLE FL 32256

Mailing Address

9250 BAYMEADOW ROAD
SUITE 200
JACKSONVILLE FL 32256

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

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

O'STEEN, ROGER M
9250 BAYMEADOWS RD
SUITE 200
JACKSONVILLE FL 32256

81

Name

82

Street Address (P.O. Box Numbers Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.09(2) and 617.10(4), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE

DP

O'STEEN, ROGER M.

9250 BAYMEADOWS RD #200

JACKSONVILLE FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VP

BARBOUR, GREGORY L.

9250 BAYMEADOWS RD #200

JACKSONVILLE FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

ST

OWENS, LAUREN L.

9250 BAYMEADOWS RD #200

JACKSONVILLE FL

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct and does not qualify for the exemption stated in Section 119.07(3)(g), 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 trustee 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 changing it or on an attached list with my address.

SIGNATURE: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rogerm. O'Steen 3/19/96 904-363-1604

CR2E034 (12/95)