FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:27

DOCUMENT # S96296 (6)

1. Corporation Name

LLOYD PARSONS ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
895 MORRISON AVENUE ENGLEWOOD FL 34223-2636	895 MORRISON AVENUE ENGLEWOOD FL 34223-2636

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1991	3a. Date of Last Report: 02/07/1994
4. FEI Number: 65-0192705	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PARSONS, LLOYD
895 MORRISON AVENUE
SUITE #3
ENGLEWOOD FL 34223

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	PARSONS, LLOYD	
STREET ADDRESS	895 MORRISON AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	☐ Change ☐ Addition
NAME	PARSONS, ROBERT	
STREET ADDRESS	895 MORRISON AVE.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	☐ Change ☐ Addition
NAME	BURGE, MERLE	
STREET ADDRESS	895 MORRISON AVE.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Lloyd A. Parsons — Lloyd A. PARSONS — 1-11-95 — 1-813-474-7236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330137 CP