

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL 25 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01960 (6)

1. Corporation Name

JAMES L. PARIS FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**520 CROWNE OAK CENTRE DRIVE
LONGWOOD FL 32750**

**2290 SPRINGLAKES ROAD
SUITE 400
DALLAS FL 75234**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1991

3a. Date of Last Report
04/28/1994

4. FEI Number
59-3097985

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Carriage/Trust Fund Contributions ☐

**\$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 **140 N. ORLANDO AVE**
Suite, Apt. #, etc

26 **2290 SPRINGLAKES ROAD**
Suite, Apt. #, etc

22 **SUITE 150**
City & State

27 **SUITE 400**
City & State

23 **WINTER PARK, FLA**
Zip

28 **DALLAS, TX**
Zip

24 **32789**
Country

29 **75234**
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENA, RAYMOND JR.
2290 MAITLAND CENTER PKWY
SUITE D
MAITLAND FL 32751**

81 Name

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

140 N. ORLANDO AVE.

83 **SUITE 150**

84 City

WINTER PARK

FL

85 Zip Code

32789

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 chief executive officer)

(Signature, typed or printed name of registered agent and chief executive officer)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PSD
PARIS, JAMES L.
520 CROWNE OAK CENTRE DR
LONGWOOD FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
☐ Change ☒ Addition
**2290 SPRINGLAKES ROAD, SUITE 400
DALLAS, TX 75234**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VP
PENA, RAYMOND JR.
830 CONGRESS CT
GASSELBERRY FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
☐ Change ☐ Addition
**140 N. ORLANDO AVE., SUITE 150
WINTER PARK FLA 32789**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP
☐ Change ☐ Addition

14. I solemnly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.10 07(3)(a), Florida Statutes. I further certify that the information indicated on the 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 on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. PARIS

7/1/95

(214) 243-4840