CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$9 Mar 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT CORPORATION Sandra B. Mortiam ANNUAL REPORT Secretary of State Socretary of Stale DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (7)V10803 BRUCE L. PARKER, INC. Principal Place of Business Mailing Address 2985 AVE. G. N.W. 2905 AVE. G N.W. WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1992 2. Principal Place of Business Mailing Address Applied For 26 59-3006288 ✓ Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žφ B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ▼ Yes No Zιρ Country Country 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SAMMONS, ROBERT O. 1552 6TH STREET S.E. Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33881 83 City 84 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 Stgnature, typed or pointed outrie of registerest agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE PARKER, BRUCE L. NAME 1.2 NAME 2985 AVE. G N.W. STREET ADDRESS 1.3 STREET ADDRESS **WINTER HAVEN FL 33881** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 or an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

Change

Addition

DELETE

941-299-6016 SIGNATURE