AMOUNT DUE ON OR BEFORE 8.7.96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

Amended

DOCUMENT # V30179 (8)

1. Corporation Name

THE PARKINS NATURAL RESOURCE INVESTMENT CORPORATION

FILED
96 DEC -2 AM 10:05
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1600 E. ROBINSON ST. ORLANDO FL 38201	1600 E. ROBINSON ST. ORLANDO FL 38201

3. Date Incorporated or Qualified: 03/26/1992
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-3133553 ☐ 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

9. Name and Address of Current Registered Agent

PARKINS, RAYMOND A., JR. (PRD)
1600 E. ROBINSON ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (PO Box Numbers Is Not Acceptable)
200002012202--0
83 -12/03/96--01071--009
*****61.25 *****61.25
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSTD	☐ DELETE	1.1 TITLE	☒ Change ☐ Add
NAME	PARKINS, RAYMOND A., JR.		1.2 NAME	
STREET ADDRESS	~~1600 E. ROBINSON ST.~~		1.3 STREET ADDRESS	1516 Lakeshore Dr.
CITY-ST-ZIP	~~ORLANDO FL~~		1.4 CITY-ST-ZIP	Orlando FL 32803
TITLE	V	☐ DELETE	2.1 TITLE	☒ Change ☐ Add
NAME	PARKINS, PATRICK SCOTT		2.2 NAME	
STREET ADDRESS	~~69 SORRENTO CIRCLE~~		2.3 STREET ADDRESS	1644 Fayonica Rd
CITY-ST-ZIP	~~WINTER PARK FL~~		2.4 CITY-ST-ZIP	Winter Park FL 32792
TITLE	V	☐ DELETE	3.1 TITLE	☒ Change ☐ Add
NAME	PARKINS, MATTHEW C.		3.2 NAME	
STREET ADDRESS	~~1300 CANTON STREET~~		3.3 STREET ADDRESS	2165 Sussex Rd
CITY-ST-ZIP	~~ORLANDO FL~~		3.4 CITY-ST-ZIP	Winter Park FL 32792
TITLE	V	☒ DELETE	4.1 TITLE	[redacted] Add
NAME	PARKINS, DANIEL A	[redacted]	4.2 NAME	
STREET ADDRESS	~~920 S TROTTERS DRIVE~~		4.3 STREET ADDRESS	[redacted] ST.
CITY-ST-ZIP	~~MAITLAND FL~~		4.4 CITY-ST-ZIP	[redacted]
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

12/02/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ 7/15/96 407-678-9354
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Daytime Phone #

9/22/96