

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L62500

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC0859274289**

**Entity Name:** PARKS INSURANCE CORPORATION

**Current Principal Place of Business:**

901 SW 60TH AVE  
OCALA, FL 34474

**Current Mailing Address:**

PO BOX 770788  
OCALA, FL 34477 US

**FEI Number:** 59-3003963

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARKS, JERRY W.  
901 SW 60TH AVENUE  
OCALA, FL 34474 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PARKS, JERRY W.  
Address 901 SW 60TH AVENUE  
City-State-Zip: Ocala FL 34474

Title V  
Name PARKS, DIANE E  
Address 5251 NW 80TH AVE ROAD  
City-State-Zip: Ocala FL 34482

Title S  
Name LIBERTY, ANTOINETTE I  
Address 3732 NE 18TH COURT  
City-State-Zip: Ocala FL 34479

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JERRY W PARKS

**PRESIDENT**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date