

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000000188

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**9232308130CC**

**Entity Name:** WENDELL R. PARRISH, INC.

**Current Principal Place of Business:**

4831 SAXON DR., APT. 204  
NEW SMYRNA BCH, FL 32169

**Current Mailing Address:**

4831 SAXON DR., APT. 204  
NEW SMYRNA BCH, FL 32169

**FEI Number:** 31-1374287

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 P  
Name PARRISH, CYNTHIA G  
Address 4831 SAXON DR., APT. 204  
City-State-Zip: NEW SMYRNA BCH FL 32169

Title V  
Name PARRISH, WENDELL R  
Address 4831 SAXON DR., APT. 204  
City-State-Zip: NEW SMYRNA BCH FL 32169

*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:** WENDELL R. PARRISH

**PRESIDENT**

**02/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date