

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

DOCUMENT # **J58096** (5)  
1. Corporation Name  
**PARRAMORE'S CAMP, INC.**



Principal Place of Business Mailing Address  
1675 S MOON ROAD 1675 S MOON ROAD  
ASTOR FL 32102 ASTOR FL 32102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/20/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2781877	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
25		29		30	
Country		Country		6. Election Campaign Financing	
25		29		Trust Fund Contribution	
29		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
Country		Country		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
29		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
Country		Country		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
29		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
Country		Country		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUNNINGHAM, REVA D				81 Name			
1675 S MOON RD				82 Street Address (P.O. Box Number is Not Acceptable)			
ASTOR FL 32102				83			
				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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD CUNNINGHAM, REVA D. <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, REVA D.	1.2 NAME	
STREET ADDRESS	1675 S MOON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIG, JOHN	2.2 NAME	
STREET ADDRESS	330 MASON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORI E. CUNNINGHAM	3.2 NAME	
STREET ADDRESS	1675 S. MOON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR, FL 32102	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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, unchanged, or on an attachment with an address.

SIGNATURE: Reva D. Cunningham **REQUIRED** 1-21-98 904-744-2721

CR2E034 (10/97)