

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **736167** (8)
1. Corporation Name
PARC HOUSING, INC.



Principal Place of Business Mailing Address
3190 75TH STREET NORTH ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified **06/21/1976** 3a. Date of Last Report **04/24/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	3190 TYRONE BLVD. N.	59-1700361	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. ST. PETERSBURG FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. 33710	30. PINELLAS	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, CURTIS D
3100 75TH STREET NORTH
ST. PETERSBURG FL 33710

81. Name	THOMAS, CURTIS D
82. Street Address (P.O. Box Number is Not Acceptable)	3190 TYRONE BLVD N
83. City	ST. PETERSBURG FL
84. Zip Code	33710

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **CURTIS D. THOMAS PRESIDENT** **1/26/96**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CURTIS D	1.2 NAME	THOMAS, CURTIS D.
STREET ADDRESS	3100 75TH ST. N	1.3 STREET ADDRESS	3190 TYRONE BLVD. N.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	PCD <input type="checkbox"/> DELETE	2.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, DONALD E (JR)	2.2 NAME	HIGGINS, JOSEPH P.
STREET ADDRESS	2097 68TH AVE S	2.3 STREET ADDRESS	711 SAND PINE DR NE
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEECE, JOSEPH W	3.2 NAME	FINCH, CHRIS A
STREET ADDRESS	638 26TH AVE N	3.3 STREET ADDRESS	1196 SEVILLE LANE NE
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33704
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JOHN P	4.2 NAME	BARGER, PAMELA H.
STREET ADDRESS	711 SAND PINE DR. NE	4.3 STREET ADDRESS	2050 BRIGHTWATERS BLVD NE
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33704
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGER, PAMELA H	5.2 NAME	JOHNS, CHRISTOPHER P
STREET ADDRESS	2050 BRIGHTWATERS BLVD NE	5.3 STREET ADDRESS	1474 54TH AVE NE
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	VCD <input type="checkbox"/> DELETE	6.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCH, CHRIS A	6.2 NAME	NEWMAN, JAMES G
STREET ADDRESS	1196 SEVILLE, LANE NE	6.3 STREET ADDRESS	7021 BAY ST
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706

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 on an attachment with an address.

SIGNATURE: **CURTIS D. THOMAS** **1/26/96** **813-345-9111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)