


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736167 (8)**  
1. Corporation Name  
**PARC HOUSING, INC.**



Principal Place of Business <b>9190 75TH STREET NORTH ST. PETERSBURG FL 33710</b>	Mailing Address <b>3190 TYRONE BLVD NORTH ST. PETERSBURG FL 33710-2919 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>	3. Date Incorporated or Qualified <b>06/21/1976</b>	3a. Date of Last Report <b>02/22/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-1700361</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>26</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>THOMAS, CURTIS D</b> <b>3190 TYRONE BLVD NORTH</b> <b>ST. PETERSBURG FL 33710</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		85 Zip Code	

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 *[Signature]* **CURTIS D. THOMAS** PRESIDENT **4/9/97**

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	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, CURTIS D</b>	1.2 NAME	
STREET ADDRESS	<b>3190 TYRONE BLVD NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNS, CHRISTOPHER</b>	2.2 NAME	<b>NEWMAN, JAMES G.</b>
STREET ADDRESS	<b>1474 54TH AVENUE NE</b>	2.3 STREET ADDRESS	<b>7021 BAY ST</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY-ST-ZIP	<b>ST. PETERSBURG FL 33706</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, JAMES G.</b>	3.2 NAME	<b>HALL, WALTER C.</b>
STREET ADDRESS	<b>7021 BAY STREET</b>	3.3 STREET ADDRESS	<b>516 17TH AVE SE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33704</b>
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGGINS, JOSEPH P.</b>	4.2 NAME	<b>FIREBAUGH, RICHARD L.</b>
STREET ADDRESS	<b>711 SAND PINE DR. NE</b>	4.3 STREET ADDRESS	<b>201 14TH AVE N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33701</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>BARGER, PAMELA H</b>	5.2 NAME	<b>200002200852</b>
STREET ADDRESS	<b>2050 BRIGHTWATERS BLVD NE</b>	5.3 STREET ADDRESS	<b>-06/04/97--01009--019</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	5.4 CITY-ST-ZIP	<b>***348.75</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINCH, CHRIS A</b>	6.2 NAME	<b>KLEMAWESCH, JANE</b>
STREET ADDRESS	<b>1196 SEVILLE, LANE NE</b>	6.3 STREET ADDRESS	<b>6820 TEQUISTA DR</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	6.4 CITY-ST-ZIP	<b>SEMINOLE FL 34647</b>

14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **4/9/97**

CR2E037 (9/96)