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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736167 (8)
1. Corporation Name
PARC HOUSING, INC.



Principal Place of Business 3190 75TH STREET NORTH ST. PETERSBURG FL 33710	Mailing Address 3190 TYRONE BLVD NORTH ST. PETERSBURG FL 33710 US
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3. Date Incorporated or Qualified 06/21/1976	4. FEI Number 59-1700361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30


9. Name and Address of Current Registered Agent

**THOMAS, CURTIS D
3190 TYRONE BLVD NORTH
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	FL
83	
84 City	

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: **1/7/98**

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	THOMAS, CURTIS D
STREET ADDRESS	3190 TYRONE BLVD NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NEWMAN, JAMES G
STREET ADDRESS	7021 BAY ST
CITY-ST-ZIP	ST. PETERSBURG FL 33706
TITLE	D <input type="checkbox"/> DELETE
NAME	HALL, WALTER C
STREET ADDRESS	516 17TH AVE SE
CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	D <input type="checkbox"/> DELETE
NAME	FIREBAUGH, RICHARD L
STREET ADDRESS	201 14TH AVE N
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	VCD <input type="checkbox"/> DELETE
NAME	BARGER, PAMELA H
STREET ADDRESS	2050 BRIGHTWATERS BLVD NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KLEMAWESCH, JANE
STREET ADDRESS	6820 TEQUESTA DR
CITY-ST-ZIP	SEMINOLE FL 33701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLLAND, JUDY
2.3 STREET ADDRESS	4020 11TH STREET NORTH
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GADDY, RODNEY
4.3 STREET ADDRESS	11913 KEATING DRIVE
4.4 CITY-ST-ZIP	TAMPA, FL 33626-2531
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HEEREN, BRIAN
5.3 STREET ADDRESS	8632 LONGWOOD DRIVE
5.4 CITY-ST-ZIP	LARGO, FL 33777
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KLEMAWESCH, JANE
6.3 STREET ADDRESS	936 MYAKKA COURT
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** PRESIDENT
Signature and typed or printed name of signing officer or director DATE: **1/7/98** 813-345-9111
Daytime Phone # 005-1554

CR2E037 (10/97)