FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M82631** **(6)**

1. Corporation Name
PARLIAMENTARY REPORTING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8520 GOVERNMENT DRIVE SUITE 3 NEW PORT RICHEY FL 34654	8520 GOVERNMENT DRIVE SUITE 3 NEW PORT RICHEY FL 34654-5511

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business — 21 —
Suite, Apt. #, etc. — 22 —
City & State — 23 —
Zip — 24 — Country — 25 —

2a. Mailing Address — 26 —
Suite, Apt. #, etc. — 27 —
City & State — 28 —
Zip — 29 — Country — 30 —

4. FEI Number: 59-2894811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BOBLITT, BONNIE
8520 GOVERNMENT DRIVE, #3
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODNEY, BOBLITT		1.2 NAME		
STREET ADDRESS	8520 GOVERNMENT DR 3		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOBLITT, BONNIE		2.2 NAME		
STREET ADDRESS	8520 GOVERNMENT DRIVE #3		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CURD, PATRICIA		3.2 NAME		
STREET ADDRESS	13510 LINDEN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BIANCO, DEVERAH		4.2 NAME		
STREET ADDRESS	2624 SUNRIDGE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAUFFMAN, HORACE B		5.2 NAME		
STREET ADDRESS	13120 TOPFLITE CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOBLITT, ROSS		6.2 NAME		
STREET ADDRESS	8520 GOVERNMENT DR., #3		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Horace B Cauffman Jr 1/7/97 813-847-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0452137