

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90058 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M82631

1. Corporation Name

PARLIAMENTARY REPORTING, INC.

Principal Place of Business

8520 GOVERNMENT DRIVE  
SUITE 3  
NEW PORT RICHEY FL 34654

Mailing Address

8520 GOVERNMENT DRIVE  
SUITE 3  
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1988

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

SUITE 3, 4, 6

Suite, Apt. #, etc.

SUITE 6

City & State

City & State

23

24

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9. Name and Address of Current Registered Agent

BOBLITT, BONNIE  
8520 GOVERNMENT DRIVE, #3, 4, 6  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
|----------------------------|--------------------------------|-------------------------------------------------------|------------------------|
| TITLE                      | VP                             | 1.1 TITLE                                             |                        |
| NAME                       | RODNEY, BOBLITT                | 1.2 NAME                                              |                        |
| STREET ADDRESS             | 8520 GOVERNMENT DR 3, 4, 6     | 1.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                | NEW PORT RICHEY FL             | 1.4 CITY-ST-ZIP                                       |                        |
| TITLE                      | DP                             | 2.1 TITLE                                             |                        |
| NAME                       | BOBLITT, BONNIE                | 2.2 NAME                                              | HILDA MOORE            |
| STREET ADDRESS             | 8520 GOVERNMENT DRIVE #3, 4, 6 | 2.3 STREET ADDRESS                                    | 8410 REYNOLDS DR.      |
| CITY-ST-ZIP                | NEW PORT RICHEY FL             | 2.4 CITY-ST-ZIP                                       | HUDSON FL              |
| TITLE                      | S                              | 3.1 TITLE                                             |                        |
| NAME                       | BIANCO, DEVERAH                | 3.2 NAME                                              | BARBARA KELSNAW        |
| STREET ADDRESS             | 2624 SUNRIDGE CIRCLE           | 3.3 STREET ADDRESS                                    | 11355 TULANE ST.       |
| CITY-ST-ZIP                | PALM HARBOR FL                 | 3.4 CITY-ST-ZIP                                       | NEW PORT RICHEY FL     |
| TITLE                      | EVP                            | 4.1 TITLE                                             |                        |
| NAME                       | CAUFFMAN, HORACE B JR          | 4.2 NAME                                              | WILLIAM WOODALL        |
| STREET ADDRESS             | 13120 TOPFLITE CT              | 4.3 STREET ADDRESS                                    | 1630 HITCHCREST ST.    |
| CITY-ST-ZIP                | HUDSON FL                      | 4.4 CITY-ST-ZIP                                       | ORLANDO, FL            |
| TITLE                      | VPD                            | 5.1 TITLE                                             |                        |
| NAME                       | BOBLITT, ROSS                  | 5.2 NAME                                              | BOBLITT ROSS           |
| STREET ADDRESS             | 8520 GOVERNMENT DR., #3        | 5.3 STREET ADDRESS                                    | 8520 GOVERNMENT DR. #6 |
| CITY-ST-ZIP                | NEW PORT RICHEY FL             | 5.4 CITY-ST-ZIP                                       | NEW PORT RICHEY FL     |
| TITLE                      |                                | 6.1 TITLE                                             |                        |
| 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-99 727-847-4000

CR2E034 (11/98)