

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT •  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V12789 (6)**

1. Corporation Name  
**PARKER/BILLINGS REAL ESTATE, INC.**



Principal Place of Business: **6500 WEST COLONIAL DRIVE ORLANDO FL 32818**  
Mailing Address: **6500 WEST COLONIAL DRIVE ORLANDO FL 32818**

3. Date Incorporated or Qualified: **02/07/1992** 3a. Date of Last Report: **01/24/1995**  
4. FEI Number: **59-3107059** 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

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

9. Name and Address of Current Registered Agent  
**PARKER, CARL H.  
6500 W. COLONIAL DRIVE  
ORLANDO FL 32818**

10. Name and Address of New Registered Agent  
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0192 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
VD WILLIAMS, JANET R. 6500 W. COLONIAL DR. ORLANDO FL  
P PARKER, CARL H. 6500 W. COLONIAL DRIVE ORLANDO FL  
V BILLINGS, LOUISE H. 6500 W. COLONIAL DRIVE ORLANDO FL  
ST DANIELS, NANCY C. 6500 W. COLONIAL DRIVE ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 119.07(9)(c), 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. 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet R. Williams* JANET R. WILLIAMS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 407-299-2531

CR2E034 (12/95)