

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

**PROFIT •
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
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**

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

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

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

**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 **FL**

11. Pursuant to the provisions of Sections 607.0102 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
[] DELETE
NAME **VD WILLIAMS, JANET R.**
STREET ADDRESS **6500 W. COLONIAL DR.**
CITY, ST, ZIP **ORLANDO FL**
TITLE **P**
NAME **PARKER, CARL H.**
STREET ADDRESS **6500 W. COLONIAL DRIVE**
CITY, ST, ZIP **ORLANDO FL**
TITLE **V**
NAME **BILLINGS, LOUISE H.**
STREET ADDRESS **6500 W. COLONIAL DRIVE**
CITY, ST, ZIP **ORLANDO FL**
TITLE **ST**
NAME **DANIELS, NANCY C.**
STREET ADDRESS **6500 W. COLONIAL DRIVE**
CITY, ST, ZIP **ORLANDO FL**
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(a), 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: *Janet R. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 407-299-2531

CR2E034 (12/95)