

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F99423 (8)

1. Corporation Name

PARLIAMENT, INCORPORATED



Principal Place of Business

Mailing Address

% A. KENNETH PEER
10722 109 LANE N
LARGO FL 34648-1009

% A. KENNETH PEER
10722 109 LANE N
LARGO FL 34648-1009

3. Date Incorporated or Qualified

09/14/1982

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2216150

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

PEER, A. KENNETH
10722 109 LN N
LARGO FL 34648

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
SD
PEER, NANCY JANE
STREET ADDRESS
10722 109 LN N
CITY - ST - ZIP
LARGO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
DP
PEER, A KENNETH
STREET ADDRESS
10722 109 LN N
CITY - ST - ZIP
LARGO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
TD
HICKS, AMY
STREET ADDRESS
6655 OLD OAK ST
CITY - ST - ZIP
NEW PORT RICHEY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
D
PEER, STEVEN
STREET ADDRESS
13N062 BRIER HILL RD.
CITY - ST - ZIP
HAMPSHIRE IL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
D
PEER, KEITH
STREET ADDRESS
10722 109 LN N
CITY - ST - ZIP
LARGO FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME
D
PEER, LINDA
STREET ADDRESS
306 SW I ST
CITY - ST - ZIP
GRANTS PASS OR

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

TD
HICKS, AMY
4209 SWALLOW TAIL
NEW PORT RICHEY, FL 34653

D
PEER, STEVEN
109 ORBIT LA.
SUMMERVILLE, S.C. 29483

D
PEER, KEITH
10355 109 AVE N.
LARGO, FL. 34643

D
PEER, LINDA
P.O. BOX 151 "N/A"
SNOW SHOE, W. VA. 26209

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(3)(k), 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:

A. Kenneth Peer

A. KENNETH PEER

1/30/96

813-359-0608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)