

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

FILED

Apr 04 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 # F99423

(8)

1. Corporation Name

PARLIAMENT, INCORPORATED

Principal Place of Business

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

Mailing Address

% A. KENNETH PEER
10722 109 LANE N
LARGO FL 33778-4009

3. Date Incorporated or Qualified

09/14/1982

3a. Date of Last Report

02/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

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

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEER, NANCY JANE	
STREET ADDRESS	10722 109 LN N	
CITY-ST-ZIP	LARGO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PEER, A KENNETH	
STREET ADDRESS	10722 109 LN N	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HICKS, AMY	
STREET ADDRESS	4209 SWALLOW TAIL	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEER, STEVEN	
STREET ADDRESS	109 ORBIT LANE	
CITY-ST-ZIP	SUMMERVILLE SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEER, KEITH	
STREET ADDRESS	10355 109 AVENUE N	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEER, LINDA	
STREET ADDRESS	POST OFFICE BOX 151 N/A	
CITY-ST-ZIP	SNOW SHOE WV	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PEER, LINDA
6.3 STREET ADDRESS	8224 A RIVERBANKS RD
6.4 CITY-ST-ZIP	GRANTS PASS, OR 97527

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:

A. Kenneth Peer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97
Date

813-399-0608
Daytime Phone #

0383408

CR2E034 (9/96)