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Jan 29 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 # **G59175** (1)

1. Corporation Name  
**PARKVIEW DEVELOPMENT CORP., INC.**



Principal Place of Business Mailing Address  
**3770 U.S. #1 SOUTH  
ST AUGUSTINE FL 32086  
US** **3770 U.S. #1 SOUTH  
ST AUGUSTINE FL 32086-7150  
US**

3. Date Incorporated or Qualified **09/12/1983** 3a. Date of Last Report **02/13/1996**

2. Principal Place of Business 2a. Mailing Address  
**21 151 Creekside Dr.** **26 151 Creekside Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 ST. AUG.** **27 ST. AUG.**

City & State City & State  
**23 FL.** **28 FL.**

Zip Country Zip Country  
**24 32086 USA** **29 32086 USA**

4. FEI Number **59-2320807** 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  
**BURKHARDT, EDWARD  
151 CREEKSIDE DR.  
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent  
**81 Name DEBRA COLLARD**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**151 CREEKSIDE DR**  
**83**  
**84 City ST. AUG FL 85 Zip Code 32086**

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 *Debra Collard* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **PD BURKHARDT, EDWARD**  
STREET ADDRESS **US 1 SOUTH**  
CITY - ST - ZIP **ST AUGUSTINE, FL 00000**  
TITLE ☐ DELETE  
NAME **DS COLLARD, DEBRA**  
STREET ADDRESS **US 1 SOUTH**  
CITY - ST - ZIP **ST AUGUSTINE, FL 00000**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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: *Debra Collard* 1-7-97 (904) 797-7800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)