

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:36

DOCUMENT # H26329 (3)

1. Corporation Name
PARKVIEW HOLDING COMPANY, INC.

Principal Place of Business Mailing Address
% ROBERT G. PARKER **% ROBERT G. PARKER**
1709 N. TEAKWOOD DRIVE, WEST **1709 N. TEAKWOOD DRIVE, WEST**
PLANT CITY FL 33566 **PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/19/1984** 3a. Date of Last Report **04/14/1994**
4. FEI Number **59-2473926** 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**
7. Trust Fund Contribution
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PARKER, ROBERT G.
1709 N. TEAKWOOD DRIVE, WEST
PLANT CITY FL 33566

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, B.M. JR.	1.2 NAME	
STREET ADDRESS	1722 S. COLLINS STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY FL	1.4 CITY, ST, ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSELLS, PEGGY S	2.2 NAME	
STREET ADDRESS	1806 N TEAKWOOD PL	2.3 STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY FL	2.4 CITY, ST, ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ROBERT G	3.2 NAME	
STREET ADDRESS	1709 N TEAKWOOD DR W	3.3 STREET ADDRESS	
CITY, ST, ZIP	PLANT CITY FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, J. BENTON	4.2 NAME	
STREET ADDRESS	201 KENNEDY BLVD E.	4.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 110.07(2)(b), 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 as an attachment with an address.

SIGNATURE: *Robert G. Parker* 3/25/95 (813) 754-5163
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR