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FILED

**May 19 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 # H89605 (0)
1. Corporation Name
PARKHILL, INC.



Principal Place of Business
**% CURTIS GEHLING
10101 BURNT STORE RD #300
PUNTA GORDA FL 33950**

Mailing Address
**% CURTIS GEHLING
10101 BURNT STORE RD #300
PUNTA GORDA FL 33950-7938**

3. Date Incorporated or Qualified
12/12/1985

3a. Date of Last Report
03/29/1996

4. FEI Number
59-2642868

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**HALDEMAN, BYRON
10101 BURNT STORE RD LOT #74
LOT #89
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name
THELMA PRISER

82 Street Address (P.O. Box Number is Not Acceptable)
10101 Burnt Store Rd. #62

83

84 City
Punta Gorda, FL

85 Zip Code
33950

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 **Thelma Priser, President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

Thelma Priser **5-17-97**
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HALDEMAN, BYRON	
STREET ADDRESS	10101 BURNT STORE RD LOT 74	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIPOS, ESTHER	
STREET ADDRESS	10101 BURNT STORE RD., #95	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOUCK, NELSON	
STREET ADDRESS	10101 BURNT STORE RD LOT 24	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	TOLLISEN, ENOCH	
STREET ADDRESS	10101 BURNT STORE RD. #147	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PICKETT, ROBERT	
STREET ADDRESS	10101 BURNT STORE RD LOT 112	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	GEHLING, CURTIS	
STREET ADDRESS	10101 BURNT STORE RD. #6	
CITY-ST-ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thelma Priser	
1.3 STREET ADDRESS	10101 Burnt Store Rd. #62	
1.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Curtis Kelsey	
2.3 STREET ADDRESS	10101 Burnt Store Rd. #86	
2.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
3.1 TITLE	Vice Pres/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Byron Haldeman	
3.3 STREET ADDRESS	10101 Burnt Store Rd. #89	
3.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950	
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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert Bryant	
5.3 STREET ADDRESS	10101 Burnt Store Rd. #88	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Thelma Priser* **5-17-97** **PH 127**

CR2E034 (9/96)