

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

FILED

**Apr 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/12/1985	
4. FEI Number 59-2642868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRISER, THELMA
10101 BURNT STORE RD, #62
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRISER, THELMA	
STREET ADDRESS	10101 BURNT STORE RD #62	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KELSEY, CURTIS	
STREET ADDRESS	10101 BURNT STORE RD, #86	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HALDEMAN, BYRON	
STREET ADDRESS	10101 BURNT STORE RD, #89	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	TOLLISEN, ENOCH	
STREET ADDRESS	10101 BURNT STORE RD. #147	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRYANT, ROBERT	
STREET ADDRESS	10101 BURNT STORE RD, #88	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	ATO	<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	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPD JACK GRAHAM
3.3 STREET ADDRESS	2932 McKoon Ave.
3.4 CITY-ST-ZIP	Niagara Falls, NY 14305
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ASD LEO RASMUSSEN
4.3 STREET ADDRESS	10101 Burnt Store Rd. #18
4.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 the address.

SIGNATURE *Thelma Priser*
Thelma Priser, President

CP2E034 (10/97)