


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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90097 042 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H89605
 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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
12/12/1985

4. FEI Number
59-2642868

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 owes the current year Intangible Personal Property Tax. Yes 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 **Leo Rasmussen**
 82 Street Address (P.O. Box Number is Not Acceptable)
10101 Burnt Store Rd. #18
 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 Leo Rasmussen/ President DATE Mar. 12, 1999

Leo Rasmussen

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PRISER, THELMA
STREET ADDRESS	10101 BURNT STORE RD #62
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	KELSEY, CURTIS
STREET ADDRESS	10101 BURNT STORE RD, #86
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	GRAHAM, JACK
STREET ADDRESS	2932 MCKOON AVE
CITY-ST-ZIP	NIAGARA FALLS NY 14305
TITLE	ASD <input checked="" type="checkbox"/> DELETE
NAME	RASMUSSEN, LEO
STREET ADDRESS	10101 BURNT STORE RD. #18
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	T <input type="checkbox"/> DELETE
NAME	BRYANT, ROBERT
STREET ADDRESS	10101 BURNT STORE RD, #88
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	Pres./Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leo Rasmussen
1.3 STREET ADDRESS	10101 Burnt Store Rd. #18
1.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950
2.1 TITLE	Sec./Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Theodore Lindstrom
2.3 STREET ADDRESS	10101 Burnt Store Rd. #18
2.4 CITY-ST-ZIP	Punta Gorda, Fl. 33950
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	ASec./Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bill Pope
4.3 STREET ADDRESS	10101 Burnt Store Rd. #138
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 an address, with all other like empowered.

SIGNATURE: Leo Rasmussen/President 3/12/99 941-637-1402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)