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Apr 21 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 # J02826 (2)  
1. Corporation Name  
PARKER BEACH RESTORATION, INC.



Principal Place of Business: HCR 62, BOX 70, CARRABELLE FL 32322, US  
Mailing Address: HCR 62, BOX 70, CARRABELLE FL 32322-9726, US

3. Date Incorporated or Qualified: 03/07/1986  
3a. Date of Last Report: 08/07/1996  
4. FEI Number: 59-2649503  
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. HCR 62 Box 70  
22. Suite, Apt. #, etc.  
23. City & State: Carrabelle FL  
24. Zip: 32322  
25. Country: Franklin

2a. Mailing Address  
26. Same  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
PARKER, WILLIAM L.  
HCR 62, BOX 70  
CARRABELLE FL 32322

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signatures required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	PARKER, WILLIAM L.	
STREET ADDRESS	HCR-62 BOX 70 N/A	
CITY - ST - ZIP	CARRABELLE FL 32322	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, LINDA R.	
STREET ADDRESS	HCR-62 BOX 70	
CITY - ST - ZIP	CARRABELL FL 32322	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, JOHNNIE K.	
STREET ADDRESS	731 PINE VALE DR	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<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 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: LINDA PARKER REQUIRED  
Linda Parker  
Date: 4-16-97 Daytime Phone #: 697-2349

CP2E034 (9/96)