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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # K68213

(3)

J. PARKER ENTERPRISES, INC.

Principal Place of Business Mailing Address 701 DELAWARE AVE 701 DELAWARE AVE PALM HARBOR FL 34683 PALM HARBOR FL 34683-3412						
:					3. Date Incorporated or Qualified 02/20/1989	3a. Date of Last Report 06/24/1996
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26			College Autority (College College Coll		59-2931642	Not Applicable
22 Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	⊢ −¬	untry	8. This corporation has liability for in	
24	9. Name and Address of Curren	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No
DAD		r Hegistered Agent		81 Name	10. Name and Address of New Rep	Jistereo Agent
	KER, JULIA MARIE					
701 DELAWARE AVE PALM HARBOR FL 34683				82 Street Addr	ress (P.O. Box Number is Not Acceptable	c)
והנ	m HANDON I C 04000			83		
				84 City		85 Zip Code
				'		
l office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligation of the state in the state.	of Florida. Such change was	authorize	d by the corporat	poration submits this statement for the pr tion's board of directors. I hereby accep	urpose of changing its registered in the appointment as registered
	Signature, typed or printed name of registered age			d Agent signature requi		DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	DPS Parker, julia marie	DELEIF	1.1 1	,		Change Addition
NAME Street Address	701 DELAWARE AVE		1.2 N	IREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		The state of the s	HY-SI-ZIP		
TITLE	77.000.00000000000000000000000000000000	DELETE	2.1 1			☐ Change ☐ Addilion
NAME			2.2 N	AME		
STREET ADORESS			2.3 S	TREET ADDRESS		
CITY-ST-ZIP		····	2 4 (CHTY-ST-ZIP		
TITLE		☐ DELETE	3.1 1	·		Change Addition
NAME			3.2 N	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			1	TREET ADDRESS		ŀ
CITY-ST-ZIP TITLE		DELETE	3.4 (4.1 T	CITY-ST-ZIP		Change Addition
NAME		_ With	L	NAME		
STREET ADDRESS	•			TREET ADDRESS		
CITY-ST-ZIP	į.			HY-ST-ZIP		
TITLE	1	DELETE	5.1 T			Change Addition
NAME			5.2 N	AME		Į
STREET ADDRESS			5.3 S	DREET ADDRESS		
CITY-ST-ZIP			5.4 0	ITY-S1-ZIP		
TITLE		☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET ADDRESS		ì

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 # changed, or or an attachment with an address.

6.4 CITY - ST - ZIP