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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:22

DOCUMENT # **K69446** **(8)**

1. Corporation Name
PARKER PLACE, INC.

Principal Place of Business	Mailing Address
C/O JAMES E. CLAYTON 111 S.E. FIRST AVENUE GAINESVILLE FL 32601	C/O JAMES E. CLAYTON 111 S.E. FIRST AVENUE GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1989	3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2937303	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	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLAYTON, JAMES E. 111 S.E. FIRST AVENUE GAINESVILLE FL 32601	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and/or 607.1008, 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: 1-17-95
(Signature, typed or printed name of registered agent and title if applicable) (If new Registered Agent, signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)		
11 TITLE	PD	11 TITLE	Pres/Sec/Dir	X Change [ ] Addition
12 NAME	WATERS, ROBERT D.	12 NAME	James E. Clayton	
13 STREET ADDRESS	327 NW 23RD AVE.	13 STREET ADDRESS	111 SE First Avenue	
14 CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville, FL 32601	
21 TITLE	VD	21 TITLE	VD	X Change [ ] Addition
22 NAME	WATSON, LARRY R.	22 NAME	Larry R. Watson	
23 STREET ADDRESS	6322 NW 18TH DR.	23 STREET ADDRESS	6322 NW 18th Drive	
24 CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, FL 32605	
31 TITLE	SD	31 TITLE	VD	X Change [ ] Addition
32 NAME	CLAYTON, JAMES E.	32 NAME	RobertD. Waters	
33 STREET ADDRESS	111 SE 1ST AVE.	33 STREET ADDRESS	5225 SW 91st Terrace	
34 CITY-ST-ZIP	GAINESIVLLE FL	34 CITY-ST-ZIP	Gainesville, FL 32608	
41 TITLE		41 TITLE		[ ] Change [ ] Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY-ST-ZIP		44 CITY-ST-ZIP		
51 TITLE		51 TITLE		[ ] Change [ ] Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY-ST-ZIP		54 CITY-ST-ZIP		
61 TITLE		61 TITLE		[ ] Change [ ] Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is true and accurate. For voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 any attachment with an address.

SIGNATURE: _____ 1/17/94 904-376-4694
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Telephone Number)
James E. Clayton

0014220 CP