

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05222

(9)

1. Corporation Name

PARKER-NAPLES THREE, INC.

Principal Place of Business

**6296 CORPORATE CT
A101
FT. MYERS FL 33919
US**

Mailing Address

**6296 CORPORATE CT
A101
FT. MYERS FL 33909
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1989

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2978129

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. 189.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

24

County

25

Zip

28

County

30

9. Name and Address of Current Registered Agent

**MITCHELL, STEPHEN J.
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PARKER, JACK
2800 SOUTH OCEAN BLVD.
BOCA RATON FL
PSTD
TURKEN, WALTER D.
6296 CORPORATE CT A101
FT. MYERS FL
D
GLICK, ADAM
104-70 QUEENS BLVD
FOREST HILLS NY
AS
MITCHELL, STEPHEN J.
201 N. FRANKLIN STREET
TAMPA FL
V
LEEMAN, JACK E.
6296 CORPORATE CT A101
FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition
P D ☒ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☒ Change ☐ Addition
**S T
John Reisman
6296 Corporate Ct., Ste A101
Ft. Myers FL 33919**
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR

Walter Turken

4/24/95

(813) 481-5040