

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90011 035 \*\*\*\*70.00

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1. Corporation Name

PARC SUPPORT SERVICES, INC.

Principal Place of Business

3190 TYRONE BLVD. NORTH  
ST PETERSBURG FL 33710

Mailing Address

3190 TYRONE BLVD. NORTH  
ST PETERSBURG FL 33710



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

30

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number

59-3438574

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

9. Name and Address of Current Registered Agent

THOMAS, CURTIS D  
3190 TYRONE BLVD. NORTH  
ST PETERSBURG FL 33710

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOLLAND, JUDY  
STREET ADDRESS 4020 11 STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE D ☐ DELETE

NAME GADDY, RODNEY  
STREET ADDRESS 11913 KEATING DRIVE  
CITY-ST-ZIP TAMPA FL 33626-2531

TITLE D ☒ DELETE

NAME KLEMAWESCH, JANE  
STREET ADDRESS 936 MYAKKA COURT  
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE D ☒ DELETE

NAME HALL, WALTER C  
STREET ADDRESS 516 17TH AVE., NE  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE D ☐ DELETE

NAME HEEREN, BRIAN  
STREET ADDRESS 8632 LONGWOOD DRIVE  
CITY-ST-ZIP LARGO FL 33777

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME David Pilkington  
1.3 STREET ADDRESS 11701 Belcher Rd. Ste. 104  
1.4 CITY-ST-ZIP Largo, FL 33643

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Paul O'Connell  
2.3 STREET ADDRESS 9731 Sago Point Drive  
2.4 CITY-ST-ZIP Largo, FL 33777

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)