

FILED
May 06, 1999 8:00 am
Secretary of State

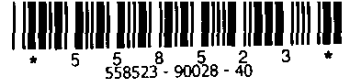
05-06-1999 90068 030 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000000776

1. Corporation Name

PARENTAL HOMES, INC.



Principal Place of Business
 2235 PARENTAL HOMES ROAD
 JACKSONVILLE FL 32216

Mailing Address
 2235 PARENTAL HOMES ROAD
 JACKSONVILLE FL 32216



2. Principal Place of Business 21 2235 PARENTAL HOMES ROAD Suite, Apt. #, etc.		2a. Mailing Address 27 2235 PARENTAL HOMES ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/13/1998	
22 City & State 23 JACKSONVILLE FL		27 City & State 28 JACKSONVILLE FL		4. FEI Number 59-3492597	
24 Zip 32216		29 Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
25 32216		30 USA		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STOCKWELL, CAROLYN 5221 MANN MANOR LANE JACKSONVILLE FL 32210				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	
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 _____ DATE _____					
(NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE ☒ DELETE					
1.2 NAME JILL HAND					
1.3 STREET ADDRESS 6149 VERDES RD					
1.4 CITY-ST-ZIP JACKSONVILLE FL 32244					
2.1 TITLE ☒ DELETE					
2.2 NAME KENNETH A STOCKWELL					
2.3 STREET ADDRESS 5221 MANN MANOR LN					
2.4 CITY-ST-ZIP JACKSONVILLE FL 32210					
3.1 TITLE ☐ DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME CAROLYN STOCKWELL					
1.3 STREET ADDRESS 5221 MANN MANOR LN					
1.4 CITY-ST-ZIP JACKSONVILLE FL 32210					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☒ Addition					
3.2 NAME DONNA BERNARD					
3.3 STREET ADDRESS 13077 BIGGEN CHURCH RD					
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32224					
4.1 TITLE ☐ Change ☒ Addition					
4.2 NAME MICKEY BROADHORST					
4.3 STREET ADDRESS 4703 E TARA WOODS DR					
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32210					
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CAROLYN STOCKWELL
 CAROLYN STOCKWELL

4-25-99

904-725-0278

CR2E037-(1/98)