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

Mailing Address

P O BOX 646 2

2a. Mailing Address

PANAMA CITY FL 32404

CALLAWAY

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

212 SUDDUTH PL PARKER

US

PANAMA CITY FL 32404



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

04/10/1996

3. Date incorporated or Qualified

09/29/1994

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Box 6462

DOCUMENT # P94000072827 (6)

PARKER PROPERTIES, INC.

21		26			NOT APPLICABLE		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.	.75 Additional
22		27			6. Certificate of Statos Desired	F	ee Required
City & State City & State					6. Election Campaign Financing	\$5	5.00 May Be
23		28			Trust Fund Contribution	A	dded to Fees
Zφ	Country	Zip .	Country	4	8. This corporation has liability fo		ider s. 199.032,
24	25	29	30			Yes No	·····
		of Current Registered Agent	81	Latin	10. Name and Address of New R	egistered Agent	
GREEN, SUSAN J 126 H.L. SUDDUTH DR PANAMA CITY FL 32404				Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		85	Zip Code
İ				j '			•
11. Pursuanti	to the provisions of Sections	607.0502 and 607.1508, Florida Stati	utes, the abov	e-named corp	oration submits this statement for the	purpose of chang	ging its registered
office or n agent. La	egistered agent, or both, in m familia with, and accept	s 607.0502 and 607.1508, Florida Stati the State of Florida. Such change was the obligations of, Section 607.0505, F	s autnorized b Florida Statute	y tne corporati is.	ion's board of directors, I hereby acci	apt the appointme	int as registered
SIGNATURE.	Chillon	CMILL		**		DATO	<u>-</u> 2 47
SIGNATURE.	Signature, typica or printed name of re	ogistered agent and bile it applicable (No	OTE Registered Ag	ent signature requir	ed when reinstating)	DAYE	
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TULF	PD	DELETE	1.1 TITLE			☐ Ch	nange
NAME	Green, Susan J		1.2 NAME				
STREET ADDRESS			13 SYREE	1 ADDRESS			
CITY-S1-ZIP	PANAMA CITY FL 32404		1.4 CITY -	ST-ZIP	·		
TITLE		DELETE	2.1 TITLE			Cr	nange 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	**		
CITY - S1 - ZIP			2.4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE		 -	Ct	vange 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST Z#			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Ch	nange 🔲 Addition
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	T ADDRESS	•		
CITY ST-ZIP			44 CITY-	ST-ZIP			11 1
TITLE		DELETE	5 1 TITLE	T		CH	nampe 🔲 Addition
NAME			5.2 NAME				4h .l .l.
STREET ADDRESS			5.3 STREE	T ADDRESS			10 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M
City-St Zip			5.4 CITY-	ST-ZIP			1271111
TITLE		DELETE	6.1 TITLE		7000021	46789	ange 🔲 Addition
NAME			6.2 NAME		7000021 -04/17/9701	083ก4ัก	
STREET ADDRESS			6.3 STREE	T ADDRESS	***165.00		
CHY-SI-ZIP			6.4 CITY -	ST-ZIP			
14. I do herel	by certify that the informatio	in supplied with this filling does not que report or supplemental annual report is oration or the receiver or trustee empx origed, or on an attachment with an a	alify for the ex	emption stated	d in Section 119.07(3)(i), Florida Statu	tes. I further certif	y that the
information an o	on increated on this aritual (ifficer or director of the sorp	report or supplemental annual report is pration or the receiver or trustee empt	owered to exe	cute this repor	rt as required by Chapter 607, Florida	Statutes and the	it my name
appears i	in Block 12 or Block 13 if 🔀	niged, or on an attachment with an a	dress.				