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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P06000103503	/E
Corporation Name	P96000103593	Q)

PARKER ENTERPRISES OF SARASOTA, INC.

Principal Place of Business Mailing Address 2516 LINWOOD DRIVE 2516 LINWOOD DRIVE SARASOTA FL 34232 **SARASOTA FL 34232-4249** 3. Date Incorporated or Qualified <u>12/24/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 2525 So Tamiani TR 2525 So. Tanuame TR 65-0721452 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite

City & State

28

appears in Block 12 or Block 13 if changed, or on an ettachment with an address.

Sarasota

FILED May 09 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable



8. This corporation has liability for intangible tax under s. 199.032,

6. Election Campaign Financing

Trust Fund Contribution

25 Sarasota 28 34231	7 30 5	arasi	Florida Statutes	Yes No	133.032,
9 Name and Address of Current Registered Agent	·		10. Name and Address o	f New Registered Agent	
PARKER, LAURA		81 Name			
2516 LINWOOD DRIVE	82 Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34232	Silbet Audiess (i .O. EXA Multiper is 14th Acceptable)				
		83			
		84 City		85 Zip (aho.
				FL S L S L S	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Floric office or registered agent, or both, in the State of Florida. Such chan agent. I am familiar with, and accept the obligations of, Section 607. 	ge was authorize	ed by the corporat	oration submits this statemention's board of directors. I here	t for the purpose of changing its by accept the appointment as	s registered registered
SIGNATURE					
Signature typed or printed name of registered agent and title if applicable.		ed Agent signature requir		DATE	
12. OFFICERS AND DIRECTORS	13.	TITLE	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR Change	S IN 12 Addition
010/CD 14104		NAME		L Change	L_I NOUILON
ACAA I INNIAAD DENT		·			
CAPACOTA EL DAGGO		STREET ADDRESS			}
	1.4 C	CITY-ST-ZIP		Change	Addition
NAME		NAME		C. Orwingo	
STREET ACORESS		STREET ADDRESS			
CHY-ST-2IP		CITY-ST-ZIP			1
TIME		TITLE		☐ Change	Addition
NAME	1	NAME			_
STREET ADDRESS	3.3	STREET ADDRESS			
ÇITY - ST - ZIP	3.4.	CHTY-ST-ZIP			}
TIBLE		iùre		☐ Change	Addition
NAME	4.2	NAME			1
STREET ADDRESS	43:	STREET ADDRESS			•
CHY-SI-ZIP	4.41	CITY-ST-ZIP			
TITLE DE	ELETE 5.1	TITLE		Change	Addition
NAME	5.21	NAME			
STREET ADDRESS	5.3	STREET ADDRESS			
CITY - ST - ZIP		CITY-ST-ZIP			
TIILE	ELETE 6.1	TOTLE		Change	Addition
NAME:	6.21	NAME			
STREET ADDRESS	63	STREET ADDRESS			
CITY- ST-ZIP		CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does					

Country