

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90014 011 \*\*\*558.75

DOCUMENT # **P97000005551**

1. Corporation Name

**PARKER & HAFNER, P.A.**

Principal Place of Business  
**2261 WEST BAY DRIVE STE B  
LARGO FL**

Mailing Address  
**2261 WEST BAY DRIVE STE B  
LARGO FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/14/1997**

4. FEI Number  
**59-3435032**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business  
1 **2050 WEST BAY DRIVE**  
Suite, Apt. #, etc.  
2 **LARGO, FLORIDA**  
City & State  
3 **33770**  
Zip  
Country  
25 **FLORIDA**

2a. Mailing Address  
26 **2050 WEST BAY DRIVE**  
Suite, Apt. #, etc.  
27 **LARGO, FLORIDA**  
City & State  
28 **33770**  
Zip  
Country  
30 **FLORIDA**

9. Name and Address of Current Registered Agent

**HAFNER, RANDELL  
2261 WEST BAY DRIVE STE B  
LARGO FL**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2050 WEST BAY DRIVE**  
83  
84 City **LARGO** FL 85 Zip Code **33770**

1. 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 reinstating)

DATE

2. OFFICERS AND DIRECTORS

NAME	DELETED
<b>D HAFNER, RANDELL</b> <b>2261 WEST BAY DRIVE STE B</b> <b>LARGO FL</b>	<input type="checkbox"/>
<b>D PARKER, CHERIE</b> <b>2261 WEST BAY DRIVE STE B</b> <b>LARGO FL</b>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Change	Addition
1.1 TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Randell Hafner** 6/30/99 777-518-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0093181

CR2E034 (5/99)