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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90126 043 ***150.00

DOCUMENT # P97000015294

PARKER CUSTOM HOMES, INC.

Principal Place of Business
2700 PARKER RD
CANTONIMENT EL 22522

Mailing Address

2700 PARKER ROAD



CANTONMENT I	32533 CANTONMENT FL 32533				DO NOT WRITE IN THE	S SPACE		
US					3. Date Incorporated or Qualifed	- OF AGE		
					02/17/1997			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21 2700	Parker Road	. ⊨ "			59-3428674	No	t Applicable	
	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
27				5. Certificate of Status Desired	Fee Re	quired		
City & State City & State			-		6. Election Campaign Financing	\$5.00		
23 Cantonment FL 28					Trust Fund Contribution	Added t	Fees	
Zip				•	8. This corporation owes the current year Intangible Personal Property Tax Yes Yes			
24 32533 25 ESCAMBIA 29 30 9. Name and Address of Current Registered Agent			<u> </u>		Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent	81	Name	to. Haire and Address of New Registered	- Moure	_	
PARI	Ker, Ted		82	<u>l</u>		_		
2700 PARKER ROAD				Street Addre	ess (P.O. Box Number is Not Acceptable)		ł	
CANTONMENT FL 32533			83					
						- I (-		
			84	City	F!	L 85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named corpo	oration submits this statement for the numose of	of changing its	registered	
office or n	egistered agent, or both, in the State of	of Florida, Such change was auth	orized by a Statutes	the corporatio	on's board of directors. I hereby accept the appoint	ointment as re	gistered	
	The same and accept the obligat	Ted Parker		•	3/2/	199		
SIGNATURE	Signature, typed or printed name of registered agent			nt signature required	d when reinstating) DATE	<u></u>		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	_		
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	PARKER, T		1.2 NAME				Ì	
STREET ADDRESS	2700 PARKER RD		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 CITY-S	T-ZIP				
TITLE	ST	☐ DELETE	2.1 TTLE			☐ Change	☐ Addition	
NAME	Parker, L		2.2 NAME	Į.			l	
STREET ADDRESS	2700 PARKER RD		2.3 STREE	T ADDRESS			j	
CITY-ST-ZIP	CANTONM EN 32533		2. 4 CITY-	ST-ZEP	-			
TITLE		☐ DELETE	3.1 TITLE		عادما	Change	☐ Addition	
NAME			3.2 NAME			•		
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition)	
NAME			4.2 NAME				Į	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP_			4.4 CITY-S	ST-ZIP		Change	[7] Addition	
TITLE			5.1 TMLE			Change	Addition	
NAME		☐ DELETE	1					
,		☐ DELETE	5.2 NAME	T 1000500			Į	
STREET ADORESS		(☐ DELETE	5.2 NAME 5.3 STREE	T ADORESS				
STREET ADDRESS			5.2 NAME 5.3 STREE 5.4 C(TY-S			Change		
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREE 5.4 C/TY-S 6.1 TITLE			☐ Change	Addition	
STREET ADDRESS			5.2 NAME 5.3 STREE 5.4 City-S 6.1 TITLE 6.2 NAME			Change	Addition	

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 607, 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:

CITY-ST-ZIP

850 968 5374