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

PROFIT CORPORATION ANNUAL REPORT

1997

PARLIAMENT FARMS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORPORATIONS

DOCUMENT # S56428

(3)

May 05 1997 8:00am Secretary of State Secretary of State



FILED

| Principal Place of Business Mailing Address 6271 STALEY FARMS RD C/O JOHN P. MILLIGAN JR. FT MYERS FL 33905 1500 COLONIAL BLVD. US FT. MYERS FL 33907-1016 | | | | • | | | | | |
|---|---|---|-----------------------|-----------|--|--|--------------|---------------------------------------|-------------------|
| | | | | | | 3. Date Incorporated or Qualified 05/31/1991 | | te of Last F 6/1996 | ≀eport |
| 2. Principal | 2a. Mailing Address | ng Address | | | 4. FEI Number 65-0269220 | | A | pplied For ot Applicable | |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc | | | | | | Certificate of Status Desired | | | Additional |
| 22 | | 27 | | | | | | | equired |
| City & Str | ate | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation has liability for | | tax under s | |
| 24 | 25 9. Name and Address of Cur | rent Registered Agent | 30 | | | Florida Statutes 10. Name and Address of New R | Yes [| | |
| AAII | LIGAN, JOHN P., JR. | Inter contract of where | | 81 | Name | IQ. Hame and Address of New IV | oğiatei edi. | (go)ii | |
| MILLIGAN & SIGNORELLA | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1500 COLONIAL BLVD., #103 | | | | 83 | | | , | | |
| FO | RT MYERS FL 33907 | | , | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | B4 | City | | FL | 85 Zip | Code |
| agent 1 SIGNATURE | am familiar with, and accopt the of Signature, typical or printed name of registered | Digations of, Section 607.0505, F | lorida Sta | utes | the corporation. | | DATE | ······ | |
| 12. | | AND DIRECTORS | | | | ADDITIONS/CHANGES TO OFF | ICERS AND | | |
| TITLE NAME | DPT Murray, Robert L. | ☐ DELE# | 1.1 TITLE 1.2 NAME | | 1 | | | LI Change | ☐ Addition |
| STREET ADDRESS | AATA ATALEM PARMO DO | | - 1 | | ADDRESS | | | | |
| CITY - \$1 - ZIP | FT. MYERS FL | | 1,4 0 | 17-5 | 7-ZIP | | | | |
| TITLE | · · | | - 5 | 2:1 T#i.E | | | | Change | Addition Addition |
| NAME: | CARROLL, PAT M. 118 DEBRON DR. | | 2.2 N | | | | | | |
| STREET ADDRESS | NAPLES FL | | | | ADDRESS ST-ZIP | | | | |
| C11-91-71 | | ☐ DELETE | 31TI | | 31-21 | | 173 | Change | Addition |
| NAME | | | 32 N | ME | | | • | | |
| STREET ADDRESS | 5 | | 3.3 \$7 | HEET | ADDRESS | | | | |
| GHY-51-20F | ,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | I DELETE | | | ST-ZIP | | | | |
| NAME | | ☐ DELETE | 4,1 Ti 4,2 N | | | | | L. Change | Addition |
| STREET ADORES | s l | | | | ADDRESS | • | | | |
| CITY-ST-7IP | | | 1 | | T-ZIP | | | | |
| Tr'LF | | DELETE | 5.1 TPLE | | | | | Change | Addition |
| NAME | | | 5.2 N | ME | | | | | ŀ |
| STREET ADDRES | s | | 5,3 S | HEET | ADDRESS | | | | |
| CHY+S1+7IP | | ····· | 5.4 CI | 1-5 | T-ZIP | | ···· | | |
| TITL€ | | DELETE | 6.1 7(1).6 | | | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 N | WE | | | | | |
| STREET ADDRESS | \$ | | 638 | HEET | ADDRESS | | | | |
| Ct Y - St - 7iP | | and an area and a first an all and a second | | | T-ZIP | in Section \$10.07/2V3 Florido Chat. | 16 | | |

I do hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address.