Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90094 007 \*\*\*150.00

## 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

## **DOCUMENT # V12789**

1. Corporation Name

PARKER/BILLINGS REAL ESTATE, INC.

Principal Place 6500 WEST CO ORLANDO FL 3	LONIAL DRIVE	Mailing Addr 6500 WEST C ORLANDO FL	OLONIAL DRIVE							
							NOT WRITE IN THI	S SPACE		
						3. Date incorporated 02/07/1992	or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number		App	lied For	
21		26				59- <u>31070</u> 59			Applicable	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certifcate of Statu	s Desired	\$8.75 A		
22		27				3. Certificate of Ottato		Fee Req	uired	
City & State	)	City & St	ate			6. Election Campaign	Financing	\$5.00 N		
23		28				Trust Fund Contrib	oution	Added to	Fees	
Zip	Country	Zip		Country		8. This corporation of	wes the current year Ir			
24	25 29 30				Personal Property Tax. ☐ Yes ☐ No			_INo		
	9. Name and Address of Curren		10. Name and Addre	ss of New Registered	d Agent					
				81	Name					
WILLIAMS, JANET R					32 Street Address (P.O. Box Number is Not Acceptable)					
17547 COTTAGE COURT				02	Officer Address (F.O. DOX Harrison is 11011 1000 propriet)					
KILLARNEY FL 34740				83						
				84				]  7:- C		
						FL 85 Zip Code				
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such cl	nange was auth	orized by	tne corporat	poration submits this state ion's board of directors. I h	ment for the purpose of sereby accept the appo	of changing its regionstruction	egistered istered	
SIGNATURE							DATE		\	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					nt signature requir	ed when reinstating)	GES TO OFFICERS A	ND DIRECTOR	25 IN 12	
12.			13.		ADDITIONS/CHAN	SES TO OFFICERS F	Change	Addition		
TITLE	<del>-</del>			11 TITLE				Change		
NAME	Divided, Indivol		1.2 NAME							
STREET ADDRESS	2000 22:00:12		1.3 STREET ADDRESS					}		
CITY-ST-ZIP				1.4 CITY-S	T-ZIP					
TITLE	DP		DELETE	2.1 TITLE				Change	Addition	
NAME	Parker, Carl H			2.2 NAME						
STREET ADDRESS	1478 MAGELLAN CIRCLE 233			2.3 STREE	T ADDRESS				1	
CITY-ST-ZIP	ORLANDO FL 32818			2. 4 CITY-5	ST-ZIP					
TITLE	DV		DELETE	3.1 TITLE			··	Change	☐ Addition	
NAME	BILLINGS, LOUISE H			32 NAME						
STREET ADDRESS	COOL MOODDRIDGE LANE			3.3 STREE	TADDRESS	3813 Westerham Drive				
CITY-ST-ZIP	ORLANDO FL 32808			3.4. CITY-5	ST-ZIP	Clermont, Fl. 34711				
TITLE			DELETE	4.1 TITLE	-			☐ Change	☐ Addition	
NAME				4. 2 NAME					ļ	

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

OELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

407-299-9250

Change

Change

☐ Addition

☐ Addition

R2E034 (11/98)