# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89605

Entity Name: PARKHILL, INC.

## **Current Principal Place of Business:**

10101 BURNT STORE RD #300 PUNTA GORDA, FL 33950

## **Current Mailing Address:**

C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214 PUNTA GORDA, FL 33950 US

# FEI Number: 59-2642868

### Name and Address of Current Registered Agent:

PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214 PUNTA GORDA, FL 33950 US FILED Mar 01, 2018 Secretary of State CC3950669725

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Officer/Dire	ctor Detail :		
Title	DIRECTOR	Title	DIRECTOR, TREASURER, ASST. SECRETARY
Name	LARSON, LARRY	Name	RICHARDSON, JUDY
Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214	Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214
City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	PUNTA GORDA FL 33950
Title	DIRECTOR	Title	DIRECTOR, SECRETARY
Name	MILLER, WALT	The	DIRECTOR, SECRETART
Address	C/O PALMER PROPERTY	Name	PURCELL, KEITH
Address	MANAGEMENT 6210 SCOTT STREET, UNIT 214	Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214
City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	PUNTA GORDA FL 33950
Title	DIRECTOR		
Name	STREMMING, JOHN	Title	DIRECTOR, PRESIDENT
Address	C/O PALMER PROPERTY	Name	MURPHY, BOB
	MANAGEMENT 6210 SCOTT STREET, UNIT 214	Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214
City-State-Zip:	PUNTA GORDA FL 33950	City-State-Zip:	PUNTA GORDA FL 33950
Title	DIRECTOR, VP		
Name	MAJEWSKI, MARIAN	Title	DIRECTOR, ASST. TREASURER
Address City-State-Zip:	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214 PUNTA GORDA FL 33950	Name	QUINN, JACK
		Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214
		City-State-Zin	PUNTA GORDA FL 33950
		ony orate zip.	

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: BOB MURPHY

PRESIDENT

# **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WOODS, CLAUDE
Address	C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214
City-State-Zip:	PUNTA GORDA FL 33950