2024 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 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

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

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:

City-State-Zip:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR, PRESIDENT LARSON, LARRY RICHARDSON, JUDY Name Name

C/O PALMER PROPERTY Address

MANAGEMENT

6210 SCOTT STREET, UNIT 214

PUNTA GORDA FL 33950

DIRECTOR, ASST. SECRETARY Title

PARENT, ERNIE Name

C/O PALMER PROPERTY Address

MANAGEMENT

6210 SCOTT STREET, UNIT 214

City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR, TREASURER

Name WOODS, PENNY

Address C/O PALMER PROPERTY

MANAGEMENT

6210 SCOTT STREET, UNIT 214

City-State-Zip: PUNTA GORDA FL 33950

DIRECTOR Title

YOUNG, CHIP Name

Address C/O PALMER PROPERTY

MANAGEMENT

6210 SCOTT STREET, UNIT 214

PUNTA GORDA FL 33950 City-State-Zip:

FILED Apr 02, 2024

Secretary of State

8906214271CC

Address C/O PALMER PROPERTY

MANAGEMENT

6210 SCOTT STREET, UNIT 214

PUNTA GORDA FL 33950 City-State-Zip:

DIRECTOR, SECRETARY Title

KENDALL, JEFF Name C/O PALMER PROPERTY Address

MANAGEMENT

6210 SCOTT STREET, UNIT 214

City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR

Name SHIREY, CHARLES

Address C/O PALMER PROPERTY

MANAGEMENT

6210 SCOTT STREET, UNIT 214

City-State-Zip: PUNTA GORDA FL 33950

DIRECTOR, ASST. TREASURER Title

WISNEY, PAUL Name

Address C/O PALMER PROPERTY

MANAGEMENT

6210 SCOTT STREET, UNIT 214

City-State-Zip: PUNTA GORDA FL 33950

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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.

04/02/2024 SIGNATURE: JUDY RICHARDSON PRESIDENT

Officer/Director Detail Continued:

Title DIRECTOR Name O'NEIL, BOB

C/O PALMER PROPERTY MANAGEMENT 6210 SCOTT STREET, UNIT 214 Address

City-State-Zip: PUNTA GORDA FL 33950