## 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 # 328592

## **FILED** Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90252 001 \*\*\*211.25

1. Corporation Name					
PARKWAY MAINTENANCE & MANAGEMENT, CO.					
}				1 (00100 15100 1000) 10701 07100 10150 5107 0107	1 <b>010</b> 11 <b>0</b> 1012 01021 01012 01071 1001
}					
Principal Plac	ce of Business	Mailing Address			i mimik mimik mimik mimik mimik immk
5758 - 54 AVENUE NORTH 5758 - 54 AVENUE NORTH			<b>u</b>	{	
ST PETERSBURG FL 33709 ST PETERSBURG FL 33709					
-			•	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	- · · · · · · · · · · · · · · · · · · ·
{				04/09/1968	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1211990	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		J. Controdic of Clarks Besiled	Fee Required
	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	<del></del>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year i	- · · · · · · · · · · · · · · · · · · ·
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
COL	.En,sidney		81 Name		
5758 54TH AVE N			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ST PETERSBURG FL					
]			83		
			84 City		85 Zip Code
				F	┗╏╷
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I a	em familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Statutes.		Division do regionale
SIGNATURE					
Signature, typed or printed name of registered agent and title it applicable. (NOTE:  12. OFFICERS AND DIRECTORS			E: Registered Agent signature requirements 13.	<del></del>	ND DIDEOTORO IN 40
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	COLEN, SIDNEY A		1.2 NAME		C. C. Localido
STREET ADDRESS	5758 54 AVENUE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	FUNK, R J	<b>A</b>	2.2 NAME		
STREET ADDRESS	5217 61ST WAY, NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL				1
TITLE	S	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	<del></del>	Change Addition
NAME	POLLECK, A.	_ =====================================	3.2 NAME		
STREET ADDRESS	5891 33RD AVE N		3.3 STREET ADDRESS		İ
CITY-ST-ZIP	ST PETERSBURG FL				į
TITLE	D	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME	COLEN,INA A		4. 2 NAME		T evende
STREET ADDRESS	5758 54 AVENUE NORTH		4.3 STREET ADDRESS		Į
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CiTY-ST-ZiP	,	İ
TITLE	P	☐ DELETE	5.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME	COLEN, KENNETH D	1*	5.2 NAME		
STREET ADDRESS	5758 54TH AVE N		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì
STREET ADDRESS			S.O.O. I. I.E. I ADDITION	•	ł

14. I hereby certify that the information supplied with this filling does not qualify for the example 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 en powered to example the 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 the repowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR