

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT '1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17676** (8)

1. Corporation Name
THE PARKWAY COMPANY OF TEXAS



Principal Place of Business: P.O. BOX 22728 JACKSON MS 39225-2728
Mailing Address: P.O. BOX 22728 JACKSON MS 39225-2728

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	01/15/1988	3a. Date of Last Report	04/27/1995
4. FEI Number	74-2123597	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of signatory (see instructions for application)

(Date) Registered Agent signature required for amendments

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Chairman & CEO
NAME	SPEED, LELAND R.	1.2 NAME	Speed, Leland R.
STREET ADDRESS	188 E CAPITOL ST. #300	1.3 STREET ADDRESS	188 E. Capitol St. Ste. 300
CITY-STATE-ZIP	JACKSON MS	1.4 CITY-STATE-ZIP	Jackson, MS 39201-2195
TITLE	V	2.1 TITLE	President
NAME	INGRAM, JAMES M	2.2 NAME	Steven G. Rogers
STREET ADDRESS	188 E CAPITOL ST. #300	2.3 STREET ADDRESS	188 E. Capitol St., Ste. 300
CITY-STATE-ZIP	JACKSON MS	2.4 CITY-STATE-ZIP	Jackson, MS 39201-2195
TITLE	VT	3.1 TITLE	
NAME	CLARK, SARAH P	3.2 NAME	
STREET ADDRESS	188 E CAPITOL ST. #300	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSON MS	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	
NAME	FARISH, GEORGE R.	4.2 NAME	
STREET ADDRESS	1919 ALLEN PKWY #100 HSL	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HOUSTON TX	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	
NAME	GREEN, B. PAT	5.2 NAME	
STREET ADDRESS	1425 BROADWAY DR.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	HATTIESBURG MS	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	
NAME	MOSSOP, W. LINCOLN	6.2 NAME	
STREET ADDRESS	1130 HOSPITAL TRUST BLDG	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PROVIDENCE RI	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Sarah P. Clark* VP, CFO & Secy. 3/12/96 (601) 948-4091

CR2E034 (12/95)