

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janora B. Northam
GOVERNOR
DIVISION OF CORPORATE AFFAIRS

APPROVED
AND
FILED

DOCUMENT # **276259** (9)

1. Corporation Name

PARKWAY MORTGAGE COMPANY, INC.

55 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **255 ALHAMBRA CIR. 9TH FL. CORAL GABLES FL 33134-5102**
Mailing Address: **255 ALHAMBRA CIR. 9TH FL. CORAL GABLES FL 33134-5102**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **12/06/1963** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-1031613** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under § 199(2)(2), Florida Statute: Yes No

2. Previous Name of Business: 2a. Mailing Address:
21. State and # etc.: 26. State and # etc.:
22. City & State: 27. City & State:
23. Zip: 25. Country: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**KERRIGAN, JUANITA I
255 ALHAMBRA CIRCLE, 9TH FL.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3.
B4. City: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 190.01 and 190.7, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 provisions of Sections 190.01 and 190.7, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	NAME: YANOPOULOS, JOHN J.	TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>
STREET ADDRESS: 255 ALHAMBRA CIR. CORAL GABLES FL	STREET ADDRESS: <input type="checkbox"/>	CITY: <input type="checkbox"/>	CITY: <input type="checkbox"/>
TITLE: DV	NAME: GETMAN, DENNIS J.	TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>
STREET ADDRESS: 255 ALHAMBRA CIR. CORAL GABLES FL	STREET ADDRESS: <input type="checkbox"/>	CITY: <input type="checkbox"/>	CITY: <input type="checkbox"/>
TITLE: PD	NAME: MCAIRY, CHARLES	TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>
STREET ADDRESS: 255 ALHAMBRA CIR. CORAL GABLES FL	STREET ADDRESS: <input type="checkbox"/>	CITY: <input type="checkbox"/>	CITY: <input type="checkbox"/>
TITLE: SD	NAME: KERRIGAN, JUANITA I.	TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>
STREET ADDRESS: 255 ALHAMBRA CIR. CORAL GABLES FL	STREET ADDRESS: <input type="checkbox"/>	CITY: <input type="checkbox"/>	CITY: <input type="checkbox"/>
TITLE: <input type="checkbox"/>	NAME: <input type="checkbox"/>	TITLE: <input type="checkbox"/>	NAME: SOPSHIN, JEFFREY
STREET ADDRESS: <input type="checkbox"/>	STREET ADDRESS: <input type="checkbox"/>	CITY: <input type="checkbox"/>	CITY: 255 ALHAMBRA CIRCLE
STREET ADDRESS: <input type="checkbox"/>	STREET ADDRESS: <input type="checkbox"/>	CITY: <input type="checkbox"/>	CITY: CORAL GABLES, FL.

14. I, the undersigned, certify that the information supplied with this filing is correct, complete and true, and is qualified for the foregoing state (or has been) by Florida Statutes. I further certify that the information included 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 authorized to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 of this report, or on an attachment with an address.

SIGNATURE: *Juanita I. Kerrigan*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
JUANITA I. KERRIGAN

4/20/95 (305) 442-7000