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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996 _{. (}	· CONTIN	DIVISION OF C	ORPORATIONS			
1. Corporation	n Name	507690	(6)				
PARK	WAY LEASING,	INC.				al ii a iaii e iaii aili	
Principal Place	o of Business		failing Address				
327 N. EGL POB 926	in PKWY.		327 N. EGLIN PKWY. POB 926				
FT WALTON	N BCH FL 32549		FT WALTON BCH FL 32	549	3. Date Incorporated or Qualified 07/23/1976	3a. Date of Last R 02/06/19	
	lace of Business	2a	. Mailing Address		4. FEI Number 59-1718348	·	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fi \$8.75	Not Applicable Additional
City & State	e	27	City & State		6. Election Campaign Financing	\$5.0	Required May Be
Zip	F 1	intry 28	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	ntangible tax under s	d to Fees 199.032,
:4	25 9. Name and Ad	29 dress of Current Regi	Committee of the commit	30	Florida Statutes Yes 10. Name and Address of New Re		
327 NO	George E. D Eglin PKWY NLTON BCH FL 32:	549		81 Name 82 Street Ac	DANNY E. COX ddress (P.O. Box Number is Not Acceptable 1012 South 2nd	a)	- P. S. P. Start S
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11. Pursuant or register familiar wi	to the provisions of Se red agent, gr both, in th, and andept the ob-	ections 607.0502 and 60 the State of Florida Sup digations of, Section 657	17.1508, Florida Statutes In change was authorized .0505, Florida Statutes.	the above-named corporation's bo	eFuniak Springs Doration submits this statement for the purpoord of directors. I hereby accept the appoi	- FL 3	o Code 2433 egistered office agent. I am
SIGNATURE	to the provisions of Screen agent of both, in the object, and agreed the object of the	one of registered agoy arm tire t	अकृत-अक्ति (NOTE	the above-named corp by the corporation's bo	ooration submits this statement for the purp oard of directors. I hereby accept the appoi unen when recistating	DATE 3	2433 egistered office agent. I am
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certify that I am an officer or directory 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:

DANNY E. COX

Date

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