

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 507690 (6)

1. Corporation Name

PARKWAY LEASING, INC.



Principal Place of Business

Mailing Address

327 N. EGLIN PKWY.  
POB 926  
FT WALTON BCH FL 32549

327 N. EGLIN PKWY.  
POB 926  
FT WALTON BCH FL 32549

3. Date Incorporated or Qualified  
07/23/1976

3a. Date of Last Report  
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1718348

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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, GEORGE E.  
327 NO EGLIN PKWY  
FT. WALTON BCH FL 32549

81 Name

DANNY E. COX

82 Street Address (P.O. Box Number is Not Acceptable)

1012 South 2nd

83

84 City

DeFuniak Springs

FL

85 Zip Code

32433

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

*Danny E. Cox*

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME COX, GEORGE E.  
STREET ADDRESS 417 EASTVIEW  
CITY-STATE-ZIP FT. WALTON BCH FL ☒ DELETE

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME DANNY E. COX  
1.3 STREET ADDRESS 1012 South 2nd  
1.4 CITY-STATE-ZIP DeFuniak Springs, Fl. 32433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition  
2.2 NAME SYLVIA JANE COX  
2.3 STREET ADDRESS 1012 South 2nd  
2.4 CITY-STATE-ZIP DeFuniak Springs, Fl. 32433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Danny E. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY E. COX

1-18-96

Date

904-863-9013

Daytime Phone #

CP2E034 (12/95)