

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90081 008 \*\*\*150.00

**DOCUMENT # 516242**



1. Entity Name  
**PARKWAY PROPERTIES CORPORATION**

Principal Place of Business  
**92 ROYSTER DR  
CRAWFORDVILLE FL 32307  
US**

Mailing Address  
**92 ROYSTER DR  
CRAWFORDVILLE FL 32307  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**99 Royster Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**99 Royster Dr.**  
Suite, Apt. #, etc.

City & State  
**Crawfordville Fl.**  
Zip  
**32327**

City & State  
**Crawfordville Fl.**  
Zip  
**32327**

4. FEI Number  
**59-1698242**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAINEY, R. BARTOW  
223 JOHN KNOX ROAD  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. Howard Nichols*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/10/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD Nichols  
NICHOLAS, HOWARD  
223 JOHN KNOX ROAD  
TALLAHASSEE, FL 00000** ☐ Delete **99 Royster Dr. Crawfordville Fl.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MOORE, W TAYLOR  
223 JOHN KNOX ROAD  
TALLAHASSEE, FL 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RAINEY, R BARTOW  
223 JOHN KNOX ROAD,  
TALLAHASSEE, FL 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/03**  
Date

**524-2401**  
Daytime Phone #

CR2E034 (10/02)

80026543

Attachment  
Doc # 516242

N O T I C E

CHANGE OF ADDRESS

NEW ADDRESS: 99 ROYSTER DRIVE  
CRAWFORDVILLE, FL 32327

DATE: