

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 # 561355 (9)

1. Corporation Name

PATHWAY, INC.



Principal Place of Business

6484 FT. CAROLINE ROAD
JACKSONVILLE FL 32211

Mailing Address

6484 FT. CAROLINE ROAD
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified

03/07/1978

3a. Date of Last Report

04/14/1995

4. FEI Number

59-1808991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRIERE, WILLIAM L
6484 FT CAROLINE RD
JACKSONVILLE FL 32211

81 Name

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

83

84 City

FL

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 registered agent or director

Signature typed or printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME
CARRIERE, SARA BETH
STREET ADDRESS
6484 FT. CAROLINE RD.
CITY-STATE-ZIP
JACKSONVILLE FL

☐ DELETE

1. TITLE

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

2. TITLE

NAME
CARRIERE, WILLIAM
STREET ADDRESS
6484 FT. CAROLINE RD.
CITY-STATE-ZIP
JACKSONVILLE FL

☐ DELETE

2. TITLE

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

3. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3. TITLE

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

4. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

6. TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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 supplement to an 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; 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, in an instrument with a business address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Carriere

3/5/96

DATE OF FILING

CR2E034 (12/95)