

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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96 DEC -9 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A22573

PARKWAY INVESTMENTS, LTD.



12/10/96

Mailing Address
P.O. BOX 551112
JACKSONVILLE FL 32255-1112

Principal Office Address
6700 SOUTHPOINT PARKWAY
SUITE 510
JACKSONVILLE FL 32216

3. Date Formed or Registered
05/19/1986

5a. Capital Contributions as Shown on record.
\$3,000.00

3a. Date of Last Report
10/05/1995

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

6. FEI Number
59-2674354

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SKINNER, CHARLES W.
6700 SOUTHPOINT PARKWAY-
SUITE 510
JACKSONVILLE FL 32216

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
4114 Herschel St.
Suite, Apt #, etc.
Suite 119
City
Jacksonville FL Zip Code
32210

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

THE BRYANT SKINNER COMP.

~~6700 SOUTHPOINT PARKWAY~~
4114 Herschel St.
Suite 119

~~JACKSONVILLE FL 32216~~
32210

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Charles W. Skinner

DATE **12-8-96**

Typed or Printed Name of General Partner Signing Form

Charles W. Skinner

Daytime Telephone Number

904-388-0995

CR2E003 (6/96)