

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

**APPROVED
AND
FILED**

95 APR 18 PM 4:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F26428 (5)
1. Corporation Name
PARKWAY INVESTMENT CORPORATION

Principal Place of Business 8280 COLLEGE PARKWAY, SUITE 201 FT. MYERS FL 33919-2192	Mailing Address 8280 COLLEGE PARKWAY, SUITE 201 FT. MYERS FL 33919-2192
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2. Principal Place of Business 21 8270 COLLEGE PKWY	2a. Mailing Address 26 8270 COLLEGE PKWY	4. FEI Number 59-2082206	3a. Date of Last Report 05/01/1994
22 SUITE 205	27 SUITE 205	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 FT. MYERS, FL	28 FT MYERS, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33919	25 USA	29 33919	30 USA

9. Name and Address of Current Registered Agent VLASAK, MARY- 1833 HENDRY ST. FORT MYERS FL 33902	10. Name and Address of New Registered Agent 81 Name WILSON, GEMMA C. 82 Street Address (P.O. Box Number is Not Acceptable) 8270 COLLEGE PKWY 83 SUITE 205 84 City FT MYERS FL 85 Zip Code 33919
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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 **GEMMA C. WILSON, SECRETARY** *G.C. Wilson* **3/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NAME WILSON, MARK D.	1. TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8280 COLLEGE PKWY #201	CITY, ST, ZIP FT. MYERS FL	2. NAME WILSON, MARK D.	
		3. STREET ADDRESS 8270 COLLEGE PKWY, SUITE 205	
		4. CITY, ST, ZIP FT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME WILSON, GEMMA C	21. TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8280 COLLEGE PKWY #201	CITY, ST, ZIP FT. MYERS FL	22. NAME WILSON, GEMMA C.	
		23. STREET ADDRESS 8270 COLLEGE PKWY, SUITE 205	
		24. CITY, ST, ZIP FT MYERS, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	32. NAME	
		33. STREET ADDRESS	
		34. CITY, ST, ZIP	
TITLE	NAME	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	42. NAME	
		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
TITLE	NAME	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	52. NAME	
		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
TITLE	NAME	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	62. NAME	
		63. STREET ADDRESS	
		64. CITY, ST, 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: **GEMMA C. WILSON** *G.C. Wilson* **3/25/95 (80) 489 3112**