

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 # F26428 (5)

1. Corporation Name
PARKWAY INVESTMENT CORPORATION



Principal Place of Business: **8270 COLLEGE PARKWAY SUITE 205 FT. MYERS FL 33919 US**
Mailing Address: **8270 COLLEGE PARKWAY SUITE 205 FT. MYERS FL 33919 US**

3. Date Incorporated or Qualified: **03/23/1981**
3a. Date of Last Report: **04/18/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suit 889 111th Avenue North	26	59-2082206	Not Applicable
23	City Naples, Florida 33963-1805	27		
24	Zip	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25	Country US	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
30	Country US	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, GEMMA C
8270 COLLEGE PARKWAY
SUITE 205
FORT MYERS FL 33919**

81	Name	
82	Street Address	889 111th Avenue North
83	City	Naples, Florida 33963-1805
84	City	
85	Zip Code	FL

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* *Gemma C. Wilson* **5/18/96**
Signature typed or printed name of registered agent or director (Applicable) (Full Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARK D.	12. NAME	
STREET ADDRESS	8270 COLLEGE PARKWAY, SUITE 205	13. STREET ADDRESS	889 111th Avenue North
CITY - ST - ZIP	FT. MYERS FL	14. CITY - ST - ZIP	Naples, Florida 33963-1805
TITLE	S <input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, GEMMA C	22. NAME	
STREET ADDRESS	8270 COLLEGE PARKWAY, SUITE 205	23. STREET ADDRESS	889 111th Avenue North
CITY - ST - ZIP	FT. MYERS FL	24. CITY - ST - ZIP	Naples, Florida 33963-1805
TITLE	PROJECT <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DATE RECEIVED MAY 23 1996	32. NAME	
CITY - ST - ZIP	ACCT. APPROVED	33. STREET ADDRESS	
TITLE	ACCT. APPROVED <input type="checkbox"/> DELETE	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROJ. MGR.	4.1. TITLE	
STREET ADDRESS		4.2. NAME	
CITY - ST - ZIP		43. STREET ADDRESS	
TITLE	PRESIDENT APPROVED <input type="checkbox"/> DELETE	44. CITY - ST - ZIP	
NAME	ACCTS. PAY. ENTRY	5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DATE PAID	5.2. NAME	
CITY - ST - ZIP		5.3. STREET ADDRESS	
TITLE	WILSON, G.O. <input type="checkbox"/> DELETE	5.4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1. TITLE	
STREET ADDRESS		6.2. NAME	
CITY - ST - ZIP		6.3. STREET ADDRESS	
		6.4. 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* **5/18/96** **(941)592-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)