

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000003465 (9)**

1. Corporation Name  
**PARKWAY CONSTRUCTION & ASSOCIATES, INC.**



Principal Place of Business: **1660 SOUTH STEMMONS, SUITE 340, LB29 LEWISVILLE TX 75067**  
Mailing Address: **1660 SOUTH STEMMONS, SUITE 340, LB29 LEWISVILLE TX 75067**

3. Date Incorporated or Qualified: **07/09/1996**  
3a. Date of Last Report

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields for Suite, City & State, and Zip/Country.

4. FEI Number: **75-2625348**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYES ST  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, and City/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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS (DELETE checkbox)  
 TITLE: **PC**  
 NAME: **ELMER, JOHN**  
 STREET ADDRESS: **1660 SOUTH STEMMONS, SUITE 340, LB29 LEWISVILLE TX 75067**  
 CITY-ST-ZIP: **LEWISVILLE TX 75067**  
 TITLE: **DV**  
 NAME: **ELMER, JERRY**  
 STREET ADDRESS: **1660 SOUTH STEMMONS, SUITE 340, LB29 LEWISVILLE TX 75067**  
 CITY-ST-ZIP: **LEWISVILLE TX 75067**  
 TITLE: **DST**  
 NAME: **ELMER, JOSEPH**  
 STREET ADDRESS: **1660 SOUTH STEMMONS, SUITE 340, LB29 LEWISVILLE TX 75067**  
 CITY-ST-ZIP: **LEWISVILLE TX 75067**  
 TITLE: **DV**  
 NAME: **CLARK, W D**  
 STREET ADDRESS: **1660 SOUTH STEMMONS, SUITE 340, LB29 LEWISVILLE TX 75067**  
 CITY-ST-ZIP: **LEWISVILLE TX 75067**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change/Addition checkboxes)  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do 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 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: **John Elmer** (REQUIRED) **John Elmer, President 1/24/97 972/221-1979**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)