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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:39

DOCUMENT # **L14216** **(0)**

1. Corporation Name
PARKWAY PRINTING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% DONALD J. BANKS 434 MAGNOLIA AVE PANAMA CITY FL 32401	% DONALD J. BANKS 434 MAGNOLIA AVE PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 148 N. Tyndall PKwy	26 148 N. Tyndall PKwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Panama City, FL.	City & State 28 Panama City, FL.
Zip 24 32404 County 25 Bay	Zip 29 32404 County 30 Bay

4. FEI Number: 59-2961846 ☐ Applied For ☐ Not Applicable
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	10. Name and Address of New Registered Agent
BANKS, DONALD J. 434 MAGNOLIA AVE PANAMA CITY FL 32401	81 Name: Judith M. Tinder 82 Street Address (P.O. Box Number is Not Acceptable): 148 N. Tyndall PKwy 83 84 City: Panama City FL 85 Zip Code: 32404

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: Judith M. Tinder — JUDITH M. TINDER — 4-9-95
(Signature of person or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, ROBERT B. SR.	12 NAME	
STREET ADDRESS	1025 W. 19TH ST. BOX 12A	13 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	WHITE, MARGARET M.	22 NAME	
STREET ADDRESS	1025 W. 19TH ST. BOX 12A	23 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL	24 CITY ST ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	Judith M. Tinder	32 NAME	
STREET ADDRESS	504 Virginia Ave.	33 STREET ADDRESS	
CITY ST ZIP	Lynn Haven, FL. 32444	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Robert B. White — 4/9/95 — 904-785-2761
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0030743 CP