

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:08

DOCUMENT # N16703 (3)

1. Corporation Name

PARKWAY CENTER MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O HOWARD DALE / DALE & BALD
135 W. BAY ST. SUITE 200
JACKSONVILLE FL 32202

C/O HOWARD DALE / DALE & BALD
135 W. BAY ST. SUITE 200
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1986	3a. Date of Last Report 04/14/1994
4. FEI Number 36-3394112	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 200 W. Forsyth St. #1100
City & State

25 Suite, Apt. #, etc.
27 200 W. Forsyth St. #1100
City & State

23 Zip
25 Country

28 Zip
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALE, HOWARD
135 W. BAY ST. SUITE 200
JACKSONVILLE FL 32202

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
200 W. Forsyth Street, Suite 1100
83
84 City
FL 85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, CAROL	1.2 NAME	
STREET ADDRESS	1235 APALACHEE PKWY	1.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROLLING, SHAWN	2.2 NAME	
STREET ADDRESS	1233 APALACHEE PKWY	2.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	2.4 CITY- ST- ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	FINK, EUSEBIA	3.2 NAME	
STREET ADDRESS	8130 BAYMEADOWS WAY W	3.3 STREET ADDRESS	Priscilla Goudreau
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	8130 Baymeadows Way, W. Jacksonville, FL 32256
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MICK, JUDY	4.2 NAME	
STREET ADDRESS	1135 APALACHEE PKWY	4.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SULZBACHER, WILLIAM M.	5.2 NAME	
STREET ADDRESS	8130 BAYMEADOWS WAY W	5.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Priscilla H. Goudreau

2-13-95

904-739-2248