

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 06 1998 8:00am
Secretary of State

0014694

DOCUMENT # N97000005709 (7)

1. Corporation Name

PARKWAY RESEARCH AND DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

3428 EDGEWATER CIRCLE
PORT ST LUCIE FL 34983

3428 EDGEWATER CIRCLE
PORT ST LUCIE FL 34983

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, CHARLES W
3428 EDGEWATER CIRCLE
PORT ST LUCIE FL 34983

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Charles W. Marshall V. PRES. (Same Registered Agent & Office)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (D) DOROTHY MARSHALL ☐ Change ☒ Addition

1.2 NAME DOROTHY MARSHALL

1.3 STREET ADDRESS P.O. BOX 202

1.4 CITY-ST-ZIP HAZELWOOD N.C. 28738 N/A

2.1 TITLE (D) (V) ☐ Change ☒ Addition

2.2 NAME CHARLES MARSHALL

2.3 STREET ADDRESS P.O. BOX 73

2.4 CITY-ST-ZIP WAYNESVILLE N.C. 28786 N/A

3.1 TITLE (D) (T) ☐ Change ☒ Addition

3.2 NAME WILLIAM HAYDEN

3.3 STREET ADDRESS P.O. BOX 279

3.4 CITY-ST-ZIP BRANDON FL 33584 N/A

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 200002657412

4.3 STREET ADDRESS -10/07/98--01020--035

4.4 CITY-ST-ZIP ***122.50

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles W. Marshall CHARLES W. MARSHALL 923-98 1828-456-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)