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

PROFIT CORPORATION ANNUAL REPORT

1997

NAM!

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

102 auril

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Morthar

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043292 (7)

PARKWAY INVESTMENT GROUP INC.

Mailing Address Principal Place of Business 1201 EGLIN PARKWAY 1201 EGLIN PARKWAY SHAUMAR FL 32579 SHALIMAR FL 32579-1206 3. Date Incorporated or Qualified 3a. Date of Last Report 05/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-33 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country  $Z(\mathfrak{p})$ 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHESSER, D M 1201 EGUN PARKWAY Street Address (P.O. Box Number is Not Acceptable) SHALIMAR FL 32579 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.1 TITLE ☐ Change ■ Addition THILE President 1.2 NAME NAME DAVID ME M. 122 Bayon Drive STREET ADDRESS 1.3 STREET ADDRESS Niceville, Fla. 32578 1.4 CITY-ST-ZIP CITY - ST - 7/P Michael J. Mihalcik Change Addition DELETE 2.1 TITLE TILLE 2.2 NAME NAME 704 Palm Blvd. North 2.3 STREET ADDRESS STREET ADDRESS 32573 Niceville, FL CITY - \$1 - 74P 2.4 CITY-ST-ZIP VICE PRESIDEN DELETE Change Addition TITLE 3.1 TITLE Peter F. Bayer 3.2 NAME NAME 220 Hollywood Blvd. SE 3 3 STREET ADDRESS STREET ADORESS Ft. Walton Beach, FL 32548 3.4. CITY-ST-ZIP CITY - 51 - 2IF ☐ Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7/P 4.4 CITY - ST - ZIP DELETE Addition Change 5.1 TITLE TITLE 52 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY -ST - ZIP Change DELETE Addition 61 TITLE THILE

> 6.2 NAME 6.3 STREET ADDRESS

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