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FILED

Apr 23 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 # P96000088498 (6)

1. Corporation Name

PARKWAY HOTEL CORPORATION



Principal Place of Business

Mailing Address

POST OFFICE BOX 6700 2049

STERLING BLUFF

RICHMOND HILL

GA 31329

2900 PARKWAY BLVD

KISSIMMEE, FL 34747

POST OFFICE BOX 6700 2049

STERLING BLUFF

RICHMOND HILL GA 31329

31329

2. Principal Place of Business

21 2900 PARKWAY BLVD

Suite, Apt. #, etc.

22 City & State

23 KISSIMMEE, FL

Zip

Country

24 34747

25 USA

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

10/28/1996

3a. Date of Last Report

4. FEI Number

58-2268748

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

RYAN, MICHAEL  
215 NO EOLA DRIVE  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SRIKANTHAN, KETHESPARAN  
STREET ADDRESS POST OFFICE BOX 6700 STERLING BLUFF  
CITY-ST-ZIP RICHMOND HILL GA 31329

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

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 ☒ Change ☐ Addition

1.2 NAME D SRIKANTHAN, KETHESPARAN  
1.3 STREET ADDRESS STERLING BLUFF  
1.4 CITY-ST-ZIP RICHMOND HILL, GA 31329

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V. AS  
2.3 STREET ADDRESS KINDL, SIGGERT  
2.4 CITY-ST-ZIP 2900 PARKWAY BLVD  
KISSIMMEE, FL 34747

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME GILLICK, RALPH  
3.3 STREET ADDRESS 2900 PARKWAY BLVD  
3.4 CITY-ST-ZIP KISSIMMEE, FL 34747

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME JO ANNE SASSER  
4.3 STREET ADDRESS STERLING BLUFF  
4.4 CITY-ST-ZIP RICHMOND HILL, GA 31329

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/97 912/756-8528

CR2E034 (9/96)