

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

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**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: ~~POST OFFICE BOX 6700 - STERLING BLUFF - RICHMOND HI A-31329~~  
**2900 PARKWAY BLVD KISSIMMEE, FL 34747**

Mailing Address: ~~POST OFFICE BOX 6700 - STERLING BLUFF - RICHMOND HILL GA 31329~~  
**2049 31324**

2. Principal Place of Business  
21 **2900 PARKWAY BLVD**  
Suite, Apt. #, etc.  
22  
City & State  
23 **KISSIMMEE, FL**  
Zip Country  
24 **34747** 25 **USA**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

3. Date Incorporated or Qualified **10/28/1996** 3a. Date of Last Report  
4. FEJ 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SRIKANTHAN, KETHESPARAN</b>	1.2 NAME	<b>SRIKANTHAN, KETHESPARAN</b>
STREET ADDRESS	<b>POST OFFICE BOX 6700 STERLING BLUFF</b>	1.3 STREET ADDRESS	<b>STERLING BLUFF</b>
CITY - ST - ZIP	<b>RICHMOND HILL GA 31329</b>	1.4 CITY - ST - ZIP	<b>RICHMOND HILL, GA 31324</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>V. AS KINDL SIGGERT</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2900 PARKWAY BLVD</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>KISSIMMEE, FL 34747</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>GILLICK, RALPH</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2900 PARKWAY BLVD</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>KISSIMMEE, FL 34747</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>JO ANNE SASSER</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>STERLING BLUFF</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>RICHMOND HILL, GA 31324</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_ DATE: **4/11/97** DAYTIME PHONE: **912/756-8528**

CR2E034 (9/96)