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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **S38534** (1)
 1. Corporation Name
PARKWAY INFORMATION SERVICES, INC.

Principal Place of Business Mailing Address
40610 CR 25 **40610 CR 25**
LADY LAKE FL 32159 **LADY LAKE FL 32159**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21	1851 W. Indiantown Road	26	1851 W. Indiantown Road	03/19/1991	02/21/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	Suite 106	27	Suite 106	59-3056573	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Jupiter, Florida	28	Jupiter, Florida	<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	33458	25	USA	29	33458
				30	USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
WYNN, NITA J. 40610 CR 25 LADY LAKE FL 32159		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	85

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, NITA J.	1.2 NAME	
STREET ADDRESS	40610 CR 25	1.3 STREET ADDRESS	1851 W. Indiantown Road, Suite 106
CITY, ST, ZIP	LADY LAKE FL	1.4 CITY, ST, ZIP	Jupiter, FL 33458
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Donald W. Miller
STREET ADDRESS		2.3 STREET ADDRESS	1851 W. Indiantown Road, Suite 106
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Jupiter, FL 33458
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		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		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, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607 (0703) Florida Statutes. I further certify that the information indicated on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 as an attachment with my address.

SIGNATURE: *Donald W. Miller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR