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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **480475** **(3)**

1. Corporate Name

WALTERS' BUILDING CORPORATION

Principal Place of Business	Mailing Address
6635 GLENCOE DR POB 16959 TEMPLE TERR FL 33617	6635 GLENCOE DR POB 16959 TEMPLE TERR FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/14/1975**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite Apt. # etc. — 22:
Suite Apt. # etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1646785** ☐ 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	10. Name and Address of New Registered Agent
WALTERS, DENNIS D. **6635 GLENCOE DR.** **TEMPLE TERRACE FL 33617**	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 Section 607.0502 and 607.1908, 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 [illegible] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	PD	1 TITLE ☐ Change ☐ Addition
1 NAME	WALTERS, DENNIS D.	1 NAME
1 STREET ADDRESS	6635 GLENCOE DR.	1 STREET ADDRESS
1 CITY ST ZIP	TEMPLE TERRACE FL	1 CITY ST ZIP
2 TITLE	SD	2 TITLE ☐ Change ☐ Addition
2 NAME	WALTERS, BEVERLY	2 NAME
2 STREET ADDRESS	6635 GLENCOE DR.	2 STREET ADDRESS
2 CITY ST ZIP	TEMPLE TERRACE FL	2 CITY ST ZIP
3 TITLE		3 TITLE ☐ Change ☐ Addition
3 NAME		3 NAME
3 STREET ADDRESS		3 STREET ADDRESS
3 CITY ST ZIP		3 CITY ST ZIP
4 TITLE		4 TITLE ☐ Change ☐ Addition
4 NAME		4 NAME
4 STREET ADDRESS		4 STREET ADDRESS
4 CITY ST ZIP		4 CITY ST ZIP
5 TITLE		5 TITLE ☐ Change ☐ Addition
5 NAME		5 NAME
5 STREET ADDRESS		5 STREET ADDRESS
5 CITY ST ZIP		5 CITY ST ZIP
6 TITLE		6 TITLE ☐ Change ☐ Addition
6 NAME		6 NAME
6 STREET ADDRESS		6 STREET ADDRESS
6 CITY ST ZIP		6 CITY ST ZIP

14. I/We hereby certify that the information supplied with this filing, pursuant to Section 607.0502(2)(e), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk, or is indicated as an addition.

SIGNATURE: Dennis D Walters DENNIS D WALTERS 4/29/95 813-9885340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0298009 CP