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

PROFIT COMPORATION ANNUAL REPORT

1997

Dringing Diagond Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600034562 (4)

PARKER, WALTER GROUP, INC.

Mailing Address

FILED Jan 29 1997 8:00am Secretary of State



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1491 SECOND : SARASOTA FL		1491 SECOND STREET SARASOTA FL 34236-4913			
				3. Date incorporated or Qualified 04/19/1996	3a. Date of Last Report
	lace of Business THILAMI TRAIL #206	2a. Mailing Address	AM TRAIL #20	4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	W11 165414 2V	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & S		City & State	. FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip _	Country 25 25	Zip 3 4236	Country 30	8. This corporation has liability for i	intaparble tax under s. 199.032, Yes No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current			10. Name and Address of New Re	
C/O 2033	RS, TROY H JR. ICARD, MERRILL, CULLIS, TIMM, I B MAIN STREET, SUITE 600 ASOTA FL 34237	et al	83 Z	IREST A. PARKEL Iress (P.O. Box Number is Not Acceptable IN TANIEM! TRAI ARAS 67A	# 206 FL 85 Zip Code 3 V216
11. Pursuarit office or r agent I a SIGNATURE	registered agent, or both, in the State o	f Florida Such change was ions of, Section 607.0505, Fl	es, the above-named cor authorized by the corpore orida Statutes.	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of changing its registered of the appointment as registered
			E Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	COATE CONTROL IN 10
12.	OFFICERS AND	DELETE	13.	AUDITIONS/CHANGES TO OFFIC	Change Additio
TITLE	ί,	T DETELE	4		LI Change LI Aduled
NAME	PARKER, BRENT A		1.2 NAME		
STREET ADDRESS	TWO N. TAMIAMI TR., NO. 206		1.3 STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34236	DELETE	1.4 CITY-ST-ZIP		Change Addition
TILE	{ · •	Find Detects	21 TITLE		Fit Avenifies Fit would
IAME	WALTER, THOMAS R TWO N. TAMIAMI TR., NO. 206		22 NAME		
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NAME			62 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

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/27

941-366-247

Phone #