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FILED
Jun 12 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 # S45028 (5)
 1. Corporation Name
H.B. WALKER, INC.



Principal Place of Business: **1913 BRUTON BOULEVARD ORLANDO FL 32805 US**
 Mailing Address: **1913 BRUTON BOULEVARD ORLANDO FL 32805-5135 US**

3. Date Incorporated or Qualified: **04/15/1991**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-3064090**
 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

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

9. Name and Address of Current Registered Agent
WALKER, INEZ
1913 BRUTON BLVD.
ORLANDO FL 32805

10. Name and Address of New Registered Agent
 81. Name: **Herbert B. Walker**
 82. Street Address (P.O. Box Number is Not Acceptable): **1913 Bruton Blvd.**
 83. City: **Orlando**
 84. State: **FL**
 85. Zip Code: **32805**

11. Pursuant to the provisions of Sections 607.0501 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]* **6-5-97**
 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	PV	<input type="checkbox"/> DELETE
NAME	WALKER, HERBERT B	
STREET ADDRESS	1913 BRUTON BLVD.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, INEZ	
STREET ADDRESS	1913 BRUTON BLVD.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Secretary-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thea Walker
2.3 STREET ADDRESS	3005 Surfside Way
2.4 CITY-ST-ZIP	Orlando, FL 32805
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002212539
5.3 STREET ADDRESS	-06/16/97--01026--029
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *[Signature]* **2994126**

CR2E034 (9/96)