

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 201671 (5)

1. Corporation Name

WALTON WHOLESALE CORP.



Principal Place of Business

7110 N E 4TH CT
P.O. BOX 38-1983
MIAMI FL 33138

Mailing Address

7110 N E 4TH CT
P.O. BOX 38-1983
MIAMI FL 33138

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

WALTON, EDWARD E. JR
4101 GATE LANE BAY POINT
MIAMI FL 33137

3. Date Incorporated or Qualified
04/17/1957

3a. Date of Last Report
01/17/1995

4. FEI Number
59-0815182

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

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

Signature, type or printed name of registered agent and title if applicable

Signature

Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALTON, PATRICIA	
STREET ADDRESS	4101 GATE LN BAY POINT	
CITY- ST- ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALTON, EDWARD E. III	
STREET ADDRESS	5041 SW 87TH AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	WALTON, EDWARD E. JR	
STREET ADDRESS	4101 GATE LANE BAY PT	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or appears in Block 12 or Block 13 if changed, or on an attachment with an address

I does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certifies true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

ATOR

Date

Daytime Phone #

CR2E034 (12/95)