FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P22585** **(4)**

1. Corporation Name
WALTER INDUSTRIES, INC.

Principal Place of Business
~~C/O KOHLBERG, KRAVIS & ROBERTS~~
1500 N DALE MABRY HWY
TAMPA FL 33607

Mailing Address
~~C/O KOHLBERG, KRAVIS & ROBERTS~~
1500 N DALE MABRY HWY
TAMPA FL 33607

3. Date Incorporated or Qualified: 01/17/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-3429953 — 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AT	XX DELETE
NAME	KETCHAM, T.G.	
STREET ADDRESS	1500 N. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	WELDON, WILLIAM H.	
STREET ADDRESS	1500 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	TOKARZ, MICHAEL T.	
STREET ADDRESS	9 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	☐ DELETE
NAME	DURHAM, G. ROBERT	
STREET ADDRESS	1500 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	GOLKIN, PERRY	
STREET ADDRESS	9 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☒ DELETE
NAME	ROBERTS, GEORGE R.	
STREET ADDRESS	9 WEST 57TH ST.	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change XX Addition
1.2 NAME	Eisch, Cynthia B.	
1.3 STREET ADDRESS	1500 N.Dale Mabry Hwy	
1.4 CITY-ST-ZIP	Tampa, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☐ Change XX Addition
6.2 NAME	HYATT, KENNETH E.	
6.3 STREET ADDRESS	1500 N. DALE MABRY HWY.	
6.4 CITY-ST-ZIP	TAMPA, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is added in Block 13 with an address.

SIGNATURE: By WALTER INDUSTRIES, INC. / Cynthia B. Eugl Asst. TREASURER 2-1-96 (813)871-4273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)