

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020800

**FILED**  
**Jan 18, 2018**  
**Secretary of State**  
**CC6211246303**

**Entity Name:** WALTER WILLIAMS PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

10450 SAN JOSE BLVD  
SUITE 1  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10450 SAN JOSE BLVD  
SUITE 1  
JACKSONVILLE, FL 32257

**FEI Number: 59-3501039**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILLIAMS,JR., WALTER L  
10450 SAN JOSE BLVD.  
SUITE 1  
JACKSONVILLE, FL 32257 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DCHA  
Name WILLIAMS,JR, WALTER L  
Address 10450 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32257

Title PRES  
Name WILLIAMS,III, WALTER L  
Address 2541 MICHAELSON WAY  
City-State-Zip: JACKSONVILLE FL 32223

Title S  
Name POWERS, JEAN W  
Address 8063 RAYMOND ST  
City-State-Zip: JACKSONVILLE FL 32221

Title AVP  
Name FRAGALE, PETER  
Address 293 MOSES CREEK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title AVP  
Name GARNER, RONDA  
Address 479 ARRICOLA AVE.  
City-State-Zip: ST. AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAMS, III WALTER L**

**PRES**

**01/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date