

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020800

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 | MCSWAIN, JACK LJR |
| Address | 2225 FIVE ACRES ROAD |
| City-State-Zip: | GREEN COVE SPRINGS FL 32043-9417 |

| | |
|-----------------|------------------------|
| 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: WALTER L WILLIAMS,JR**DCHA****01/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date