## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 215705

(5)

WALT THOMPSON, INC.

(5)

Principal Place of Business Mailing Address

1006 WEST AVE N AUGUSTA SC 29841

SIGNATURE:

2. Principal Place of Business

1008 WEST AVE N AUGUSTA SC 29641-3313

2a. Malling Address

FILED Mar 19 1997 8:00am Secretary of State

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3a. Date of Last Report

Applied For

Not Applicable

02/02/1996

3. Date Incorporated or Qualified

09/24/1958 4. FEI Number

59-0843636

Suite, Apt #, etc		Stiffe, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat 23	6	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
7(p)	Country 25	Z(p)	Count	try		8. This corporation has liability for Ftorida Statutes		e tax under s. No	199.032,	
	<ol><li>Name and Address of Curren</li></ol>	l Registered Agent				10. Name and Address of New F	egistered	Agent	~	
MAF	rden, norman		8	H[ ]	Name					
509 APPLEWOOD AVE ALTAMONTE SPRINGS, FL 32701			-	82 Street Address (P.O. Box Number is Not Acceptable)						
				Street Address (iO. Dox Multiber is Not Acceptable)						
			8	83						
VL.	•		-		0.1.			Test 7. (		
			18	4 (	City		FL	85 Zip (	odo	
11. Parsuarg	terfile provisions of Sections 607,050	2 and 607-1508, Florida Stati	utes, the abo	3V6-L	named corp	oration submits this statement for the	purpose o	of changing its	s registered	
Office of I	registered agent, or both, in the State am lane har job, and garget the policy	of Horida. Such change was	authorized Jorida Statut	by th	ne corporati	on's board of directors. I hereby acc	ept the ap	pointment as	registered	
/	Maller of	29/1000	A.			_3	3// (I	97		
SIGNATURE	Standard Types over execution and registraterage	it and the Turphcable (NC	Tt: Registered A	Agent :	signatore require	ed when reinstating)	DATE			
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 12	
NIG:	PD	☐ DELETE	1.1 11114	E				Change	Addition	
NAMI	THOMPSON, WALTER L		1.2 NAM	IE.	ĺ					
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City St. Zer	N AUGUSTA, SC 00000		14 CHY		l l					
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KAV:	MARDEN, NORMAN		2.2 NAM	2.2 NAME						
STEEL: ACURESS	509 APPLEWOOD AVE		2.3 STRE		INBESS					
CITY ST 741	ALTAMONTE SPRGS,FL 00000		2.4 (11)		1					
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CHY SE ZIE			5.4 City							
1011 1011		DELETE	61 TITU		<u>-"</u>			Change	Addition	
NAME			6.2 NAM		}				2000g - 00111111	
STREET ADDRESS			63 STRE	-	ODBESS					
CE V - \$1 - 762			6 4 CITY		ĺ					
14. I do here	by certify that the information supplies	I with this filing does not qua	alify for the e	xem	ption stated	I in Section 119.07(3)(i), Florida Statu	tes. I furthi	er certify that	the	
informatio	on indicated on this annual report or s	upplemental annual report is	true and ac	cura	ite and that	my signature shall have the same le	al effect a	as if made und	der bath; that	