

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 284739

(0)

1. Corporation Name

DEBORAH WALKER, INC.

Principal Place of Business

1110 35TH ST.
P.O. BOX 5447
TAMPA FL 33675

Mailing Address

1110 35TH ST.
P.O. BOX 5447
TAMPA FL 33675

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/04/1964

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1084795

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

6. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, SOL
1110 35TH ST.
TAMPA FL 33605

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WALKER, SOL
STREET ADDRESS	1110 35TH ST
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	HILL, DEBORAH W.
STREET ADDRESS	1110 35TH T.
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	DEARCE, KAREN
STREET ADDRESS	1110 35TH ST.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	S	☐ Change ☒ Addition
1.2 NAME	WALKER, SOL	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	DEARCE, KAREN	
3.3 STREET ADDRESS	DELETE	
3.4 CITY - ST - ZIP		
4.1 TITLE	S (Asst.)	☐ Change ☒ Addition
4.2 NAME	ALAN S. WEINSTEIN	
4.3 STREET ADDRESS	P.O. Box 940385	
4.4 CITY - ST - ZIP	MAITLAND, FL 32754-0385	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	SMB	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan S. Weinstein

ALAN S. WEINSTEIN

4/25/95

407-647-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature 11/1/95