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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 285757 (1) 1. Corporation Name WALKER GROVES INC								
Principal Place of Business Mailing Address								
580 S.R. 559 580 S.R. 559 AUBURNDALE FL 33823 AUBURNDALE FL 33823-938			384					
					3. Date Incorporated or Qualified	3a. Date of La	est Report	
					10/05/1964	02/06/199		
Principal Place of Business 2a. Mailing Address				4. FEI Number			Applied For	
21 26				CQ 75 Additional		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired Fee Required				
City & State City & State				6. Election Campaign Financing \$5.00 May Be				
23				Trust Fund Contribution		_	ded to Fees	
Ζιρ	Country	Zip Country			8. This corporation has liability for in	intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes IV Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Key	Jistered Agent		
	LKER JAMES LEE							
580 S.R. 559				Street Add	ress (P.O. Box Number is Not Acce ptab i	le)		
AUD	BURNDALE FL 33823		83					
			84	City		FL 85	Zip Code	
11. Pursuant office or agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig.	2 and 607.1508, Florida Stat of Florida Such change was ations of, Section 607.0505, f	utes, the above- s authorized by t Florida Statutes.	named corp he corpora	poration submits this statement for the pition's board of directors. I hereby accep	urpose of chang t the appointmen	ng its registered it as registered	
SIGNATURE			OTE: Registered Agent	n good yo soo ii	ivad whoe contributa	DATE		
12.	Signature: typed or printed name of registered agent and title if applicable (NOTI OFFICERS AND DIRECTORS		13.	signature requi	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	PD DELETE		1.1 TITLE			Cha	inge 🔲 Addition	
NAME	WALKER, JAMES L		1 2 NAME					
STREET ADDRESS	580 SR 559		13 STREFT A	DDRESS				
CITY-ST-ZIP	AUBURNDALE FL		1 4 CITY - ST -	· ZIP				
TITLE	VD DELETE		21 TITLE			Cha	inge L Addition	
NAME	BENTLEY,HELEN W		22 NAME					
STREET ADDRESS	935 VERSAILLES CIRCLE MAITLAND FL		2.3 STREET A					
CITY-ST-ZIP	STD DELETE		2. 4 GITY - ST 3.1 TITLE	- ZIP		Cha	ange Addition	
NAME	STAMBAUGH,HANNAH W	otten	3.2 NAME					
STREET ADDRESS	4400 4504411 51115		3.3 STREET A	DORESS				
CITY-ST-ZIP	AUBURNDALE FL		3 4 CITY-ST					
TITLE	T	☐ DELETE	4.1 TITLE			☐ Cha	inge Addition	
NAME	WALKER, SALLY L.		4. 2 NAME					
STREET ADDRESS	580 SR 559		4.3 STREET A	DDRESS				
C-1Y - S1 - ZIP	AUBURNDALE FL		4.4 CITY - ST	ZIP				
TITLE	D DAIDUIN	DELETE	5.1 TITLE			Cha	ange 🔲 Addition	
NAME	WALKER, RALPH H. 813 GREENVILLE RD		5.2 NAME				i	
STREET ADDRESS	SUSSEX NJ		5.3 STREET A					
C TY-ST-ZIP	GUGGLA IN	DELETE	5.4 CITY-ST- 6.1 TITLE	ZIF		Cha	ange	
NAME			6.2 NAME					
STREET ADDRESS			63 STREET A	DDRESS				
DITY OF 710			SA CITY. ST.					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

Same L Walker Janes & Walker