

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # 299929 (0)

1. Corporation Name

WALTER - WILLIAM INVESTMENT COMPANY

Principal Place of Business

6700 S. FLORIDA AVE.
STE. #6
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 6420
LAKELAND FL 33807
US

3. Date Incorporated or Qualified
12/17/1965

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1159392

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLSWORTH, W.WILLIAM JR.
6700 S. FLORIDA AVE.
STE. #6
LAKELAND FL 33813

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ELLSWORTH, W.WILLIAM JR.
STREET ADDRESS 6700 S. FLORIDA AVE., #6
CITY-STATE-ZIP LAKELAND FL 33813

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE STD
NAME BADCOCK, M.E.
STREET ADDRESS 6700 S. FLORIDA AVE., #6
CITY-STATE-ZIP LAKELAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 6700 S. Florida Ave., #1
2.4 CITY-STATE-ZIP Lakeland, FL 33813

TITLE EVPD
NAME ELLSWORTH, S.M.
STREET ADDRESS 6700 S. FLORIDA AVE., #6
CITY-STATE-ZIP LAKELAND FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 6700 S. Florida Ave., #1
3.4 CITY-STATE-ZIP Lakeland, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(3)(k), 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, unchanged, or as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. W. Ellsworth, Jr. President

1/30/96 (941) 644-9197

Date

Daytime Phone #

CR2E034 (12/95)