

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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 362893 (0)
1. Corporation Name
WALTER D. PRIDE, INC.

Principal Place of Business
638 LARKSPUE LANE
PORT ST. LUCIE FL 34983
US

Mailing Address
638 LARKSPUE LANE
PORT ST. LUCIE FL 34983
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1970	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1290289	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PRIDE, BETTY 784 RIVER CT PT ST LUCIE FL 34983				10. Name and Address of New Registered Agent	
				81 Name WALTER D. PRIDE, SR.	
				82 Street Address (P.O. Box Number is Not Acceptable) 764 SE RIVER CT	
				83 City PT ST LUCIE	
				84 City FL	85 Zip Code 34983

11. Pursuant to the provisions of Sections 607.002 and 607.1505, 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 607.005, Florida Statutes.

SIGNATURE *Walter D. Pride, Sr.* (NOT a Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	PRIDE, WALTER D	1.2 NAME	
STREET ADDRESS	764 S E RIVER CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	PRIDE, BETTY J.	2.2 NAME	
STREET ADDRESS	784 SE RIVER CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	PRIDE, WALTER D., JR.	3.2 NAME	
STREET ADDRESS	638 LAKESPUR LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	900002545189
STREET ADDRESS		5.3 STREET ADDRESS	-06/03/98--01003--015
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***300.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)