

**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

DOCUMENT # 392670 (6)

1. Corporation Name  
WALKAT, INC.

FILED  
95 JAN 27 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 110 LAKE STELLA DR. P.O. BOX 605 AUBURNDALE FL 33823	Mailing Address 110 LAKE STELLA DR. P.O. BOX 605 AUBURNDALE FL 33823
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 12/15/1971	3a. Date of Last Report 01/28/1994
4. FEI Number 59-1414368	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WRIGHT, MARY K  
110 LAKE STELLA DR.  
~~P.O. BOX 605~~  
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, MARY K 110 LAKE FAIRHAVEN AUBURNDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VDST</del> KERSEY, E. W. <del>110 LAKE STELLA DR.</del> <del>AUBURNDALE FL</del>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition This was changed 1994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSEY, E. W. 110 LAKE STELLA DR. AUBURNDALE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSEY, KATHERINE E 110 LAKE STELLA DR. AUBURNDALE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary K. Wright 1-18-95 8:13 967 1167  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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<p><b>CORPORATION ANNUAL REPORT 1994</b></p>  <p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">1</p>
<p>1. Corporation Name <b>WALKAT, INC.</b></p>		<p><b>DOCUMENT #</b> <b>392670 (6)</b></p>
<p>Mailing Address <b>110 LAKE STELLA DR. P.O. BOX 905 AUBURNDALE FL 33823</b></p>		<p>Principal Place of Business <b>110 LAKE STELLA DR. P.O. BOX 605 AUBURNDALE FL 33823</b></p>
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>		
<p>2. Mailing Address <b>21</b></p>		<p>2a. Principal Place of Business <b>26</b></p>
<p>3. Date Incorporated or Qualified <b>12/15/1971</b></p>		<p>3a. Date of Last Report <b>03/12/1993</b></p>
<p>4. FBI Number <b>59-1414368</b></p>		<p>Applied For <input type="checkbox"/> Not Applicable</p>
<p>5. Certificate of Status Desired <b>\$8.75</b> <input type="checkbox"/> <input type="checkbox"/></p>		<p>8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/></p>
<p>6. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/></p>		<p><b>\$5.00</b> May Be Added to Fees</p>
<p>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>9. Name and Address of Current Registered Agent <b>KERSEY, E. WALTER 110 LAKE STELLA DR. P.O. BOX 605 AUBURNDALE FL 33823</b></p>		<p>10. Name and Address of New Registered Agent <b>81 Name</b> <u>Mary K. Wright</u> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <u>110 Lake Stella Dr.</u> <b>83</b> <u>P. o. box 605</u> <b>84 City</b> <u>Auburndale, Florida FL</u> <b>85 Zip Code</b> <u>33823</u></p>
<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.</p> <p>SIGNATURE <u>Mary K. Wright</u> DATE <u>1-20-94</u></p> <p style="font-size: small;">(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)</p>		
<p><b>12. OFFICERS AND DIRECTORS</b></p>		<p><b>13. CHANGES TO OFFICERS AND DIRECTORS IN 12</b></p>
<p>1.1 TITLE <u>P/D</u></p> <p>1.2 NAME <u>KERSEY, E. WALTER</u></p> <p>1.3 STREET ADDRESS <u>110 LAKE STELLA DR.</u></p> <p>1.4 CITY-ST-ZIP <u>AUBURNDALE FL</u></p>	<p>1.1 TITLE <u>P/D</u></p> <p>1.2 NAME <u>Mary K. Wright</u></p> <p>1.3 STREET ADDRESS <u>110 Fairhaven</u></p> <p>1.4 CITY-ST-ZIP <u>Auburndale, Florida 33823</u></p>	
<p>2.1 TITLE <u>V/D</u></p> <p>2.2 NAME <u>WRIGHT, MARY K.</u></p> <p>2.3 STREET ADDRESS <u>110 FAIRHAVEN</u></p> <p>2.4 CITY-ST-ZIP <u>AUBURNDALE FL</u></p>	<p>2.1 TITLE <u>V/D/S/T.</u></p> <p>2.2 NAME <u>David M. Kersey</u></p> <p>2.3 STREET ADDRESS <u>704 Herdy Way</u></p> <p>2.4 CITY-ST-ZIP <u>Auburndale, Fla. 33823</u></p>	
<p>3.1 TITLE <u>S/T/D</u></p> <p>3.2 NAME <u>KERSEY, KATHERINE E.</u></p> <p>3.3 STREET ADDRESS <u>110 LAKE STELLA DR.</u></p> <p>3.4 CITY-ST-ZIP <u>AUBURNDALE FL</u></p>	<p>3.1 TITLE <u>D</u></p> <p>3.2 NAME <u>E. Walter Kersey</u></p> <p>3.3 STREET ADDRESS <u>110 Lake Stella Dr</u></p> <p>3.4 CITY-ST-ZIP <u>Auburndale, Fla. 33823</u></p>	
<p>4.1 TITLE <u>V/D</u></p> <p>4.2 NAME <u>KERSEY, DAVID M.</u></p> <p>4.3 STREET ADDRESS <u>704 HARDY WAY</u></p> <p>4.4 CITY-ST-ZIP <u>AUBURNDALE FL</u></p>	<p>4.1 TITLE <u>D</u></p> <p>4.2 NAME <u>Katherine E. Kersey</u></p> <p>4.3 STREET ADDRESS <u>110 Lake stella Dr.</u></p> <p>4.4 CITY-ST-ZIP <u>Auburndale, Fla. 33823</u></p>	
<p>5.1 TITLE <u>D</u></p> <p>5.2 NAME <u>KERSEY, JAMES W.</u></p> <p>5.3 STREET ADDRESS <u>1250 WYRESHIRE</u></p> <p>5.4 CITY-ST-ZIP <u>ORLANDO FL</u></p>	<p>5.1 TITLE <u>D</u></p> <p>5.2 NAME <u>James W. Kersey</u></p> <p>5.3 STREET ADDRESS <u>550 Ivanhoe Place</u></p> <p>5.4 CITY-ST-ZIP <u>Orlando, Fl. 32803</u></p>	
<p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>	<p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>	
<p>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)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(4) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.</p>		
<p>SIGNATURE: <u>Mary K. Wright</u> DATE <u>1-20-94</u></p> <p style="font-size: small;">SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p><b>MARY K. WRIGHT-PRES.</b></p>		<p><b>813 9671167</b></p> <p style="font-size: small;">Daytime Phone #</p>