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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **396892** **(2)**

1. Corporate Name
WALKER'S ROCK BOTTOM FARM, INC.

Principal Place of Business	Mailing Address
RT 3 BOX 3510 QUINCY FL 32351 US	R 3 BOX 3510 QUINCY FL 32351-9524 US

3. Date Incorporated or Qualified: **03/06/1972**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business
21 | Street Address
22 | City & State
23 | Zip | 24 | Country | 25

2a. Mailing Address
26 | Street Address
27 | City & State
28 | Zip | 29 | Country | 30

4. FEI Number: **59-1389471** ☐ 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

WALKER, SARA
RT 3 BOX 3510
QUINCY FL 32351

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: WALKER, SARA JO		1.2 NAME	
STREET ADDRESS: RT 3 BOX 3510		1.3 STREET ADDRESS	
CITY-ST-ZIP: QUINCY FL		1.4 CITY-ST-ZIP	
TITLE: PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: WALKER III, ISAAC W		2.2 NAME	
STREET ADDRESS: RT 3 BOX 3510		2.3 STREET ADDRESS	
CITY-ST-ZIP: QUINCY FL		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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.

SIGNATURE: Sara J Walker 2-10-97 904-875-3834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051369