SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Sep 23 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 438382 (4)JIM WALKER, INC. Principal Place of Business Mailing Address 1310 N HERCULES AVENUE 1310 N HERCULES AVENUE PO BOX 5225 PO BOX 5225 DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34618** CLEARWATER FL 34618 3. Date incorporated or Qualified 3a. Date of Last Report 10/17/1973 4. FEI Number 05/01/1996 2a. Mäiling Address Applied For 2. Principal Place of Business 26 Not Applicable 21 59-1504280 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes \square No Zip Zip 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALKER (J.T., JR.) 1310 N. HERCULES AVE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34624** 83 84 City Zip Code 85 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, Elorida Statutes. SIGNATURE Signature, typed or p ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME WALKER, JR. J T 1.2 NAME 4305 S. FRANKLIN ST. STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD CO** 1.4 CHY- ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 111LE 2.2 NAME NAME WALKER, J.T. **1655 CLEVELAND STREET** 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME **GOULD. NORRIS S.** 3.2 NAME 319 S. MISSOURI AVE. STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City-St-ZIP DELETE Change noilitbA 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 logal 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.

FILED

9/16/57