

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90008 011 ***158.75

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DOCUMENT # 538702

1. Corporation Name
WAL-JOY, INC.



Principal Place of Business ONLY
4237 GULFSTREAM BAY CT NEW
ORLANDO FL 32822 ADDRESS
US SAME
OFFICERS + TITLES

Mailing Address
4237 GULFSTREAM BAY CT
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5107 CHELWYN CT.
Suite, Apt. #, etc.
22
City & State
23 ORLANDO, FL USA
Zip Country
24 32837 25 USA

2a. Mailing Address
26 5107 CHELWYN CT
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL
Zip Country
29 32837 30 USA

3. Date Incorporated or Qualified
07/06/1977
4. FEI Number
59-1756640
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LETTERMAN, WALTER V
4237 GULFSTREAM BAY COURT
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name
LETTERMAN, WALTER V.
82 Street Address (P.O. Box Number is Not Acceptable)
5107 CHELWYN CT
83
84 City
ORLANDO FL 85 Zip Code
32837

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	LETTERMAN, WALTER V	4237 GULFSTREAM BAY CT	ORLANDO FL	<input type="checkbox"/>
S	LETTERMAN, JOYCE E	4237 GULFSTREAM BAY CT.	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
1.1	LETTERMAN, WALTER V	5107 CHELWYN CT	ORLANDO, FL 32837	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	LETTERMAN, JOYCE E	5107 CHELWYN CT.	ORLANDO, FL 32837	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)