2001	UNIFURM DU	<b>J</b> 311	1E33 NEPUI	, l	UDN	<u>')                                    </u>			FILE			
DOCUMENT # 594371 1. Entity Name							Feb 27, 2001 8:00 am Secretary of State					
-	TT WALKER, INC.		•						001 90 <b>33</b> 7			
Principal Place of Business 1831 RINGLING BLVD STE A104			Mailing Address 4307 LOST FOREST LN. SARASOTA FL 34235									
Sarasota FL : JS	34237								<b>111</b> 1   1111 <b>111</b> 1   <b>111</b> 1	) 	L 91011 1406	
2. Principal Place of Business			3. Mailing Address 2831 RINGING BIVO									
Suite, Apt. #, etc.			Suite, Apt. #, etc.  STE A-104						/RITE IN THIS:			
City & State			SARASOTA FL			4	4. FEI Number 59-1863807 Applied For Not Applicab				Applicable	
Zip	Country		34237	Country	15A			of Status Desire		\$8.75 Addi		
	6. Name and Address of Cu	irrent He	gistered Agent	-	Name	· · · · · ·	. Name and /	Address of Ne	n negistered	- gent		
WALKER, CROCKETT J. 4307 LOST FOREST LANE — CHANCE SARASOTA FL 34235 — A O D LLY					Street Address (P.O. Box Number is Not Acceptable)  2831 RING ING BLV 0 -#A-10						104_	
					City 5	SARASOTA FL ZID COOP 377						
8. The above	named entity submits this staten	nent for th	ne purpose of changing its re	gistered	office or r	registered	agent, or both	n, in the State o	f Florida.	, ,		
	, and the same transfer of the			Ü		•	_					
SIGNATURE _	Signature, typed or printed name of registere	ed agent and	title if applicable. (NOTE: f	Registered A	gent signatur	e required whe	n reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			50. <b>00</b>		ction Campaigr st Fund Contrib			<b>0</b> May Be to Fees	
11.	OFFICERS	S AND DI	RECTORS	12.			ADDITIONS/	CHANGES TO	OFFICERS AND			
TITLE NAME	PD WALKER, CROCKETT JAC	KSON	☐ Delete	TITLE NAME		25An	në 31 Rin	veline	BLUD.	X Change A		
STREET ADDRESS CITY-ST-ZIP	4307 LOST FOREST LANE SARASOTA FL			STREET CITY-S	ADDRESS T-ZIP							
TITLE NAME	VD Walker, Clay H		☐ Delete	TITLE NAME	3 \$	AME 103	1 Řins	کان دا این	BIVO.	Change Change Change Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1003 44TH ST E BRADENTON FL			STREET CITY-S	ADDRESS T-ZIP	SAR	A501	A F	342	37	noels	
TITLE NAME STREET ADDRESS	ST WALKER, SUZANNE 4307 LOST FOREST LANE		☐ Delete		35 ADDRESS	AME 283	31 Rin	TA, FL SCINCE A FI SCINCE A FI	BLUD	KA Change H	Addition	
CITY-ST-ZIP TITLE	SARASOTA FL		☐ Delete	CITY-S TITLE	T-ZIP	SAA	2ASO7	-A, +-	- 340	<u>√</u> Change	Addition	
NAME STREET ADDRESS				•	ADDRESS							
TITLE			☐ Delete	CITY-S	1-217		F-12	** <del>***</del>		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET CITY-S	ADDRESS T-ZIP							
TITLE			☐ Delete	TITLE			·-·			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET CITY-S	ADDRESS							

13. I hereby certify that the information supplied with this filling 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR