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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **606684** (9)

1. Corporation Name
WALKER AND ASSOCIATES, INC.



Principal Place of Business: **1585 MAIN ST DUNEDIN FL 34698 US**
Mailing Address: **1585 MAIN ST DUNEDIN FL 34698 US**

3. Date Incorporated or Qualified: **01/16/1979**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 WALKER & ASSOCIATES**
Suite, Apt. #, etc.: **21**
22 27952 US 19 NORTH
City & State: **23 CLEARWATER, FL**
Zip: **24 34621** Country: **25 PINELLAS**
2a. Mailing Address: **26 WALKER & ASSOCIATES**
Suite, Apt. #, etc.: **26**
27 27952 US 19 NORTH
City & State: **28 CLEARWATER, FL 34621**
Zip: **29** Country: **30**

4. FEI Number: **59-2001027** 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. 199.03? Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WALKER, WALTER D.
1650 MCKAY COURT
DUNEDIN FL

10. Name and Address of New Registered Agent
81 Name: _____
82 _____
83 _____
84 City: _____ State: **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 receiving) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPD	1.1 TITLE
NAME	WALKER, WALTER D.	1.2 NAME
STREET ADDRESS	1650 MCKAY COURT	1.3 STREET ADDRESS
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP
TITLE	PD	2.1 TITLE
NAME	WALKER, BETTIE J.	2.2 NAME
STREET ADDRESS	1650 MCKAY CT	2.3 STREET ADDRESS
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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4/22/96

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)(k), 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.

SIGNATURE: Walter D Walker **Walter D Walker** 4/22/96 (813) 726-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)