

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **671208** (7)

1. Corporation Name

BEN WALKER INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

**6554 103RD ST.
PO BOX 7404
JACKSONVILLE FL 32210**

**P.O. BOX 657
PO BOX 7404
KEYSTONE HTS FL 32656
US**

3. Date Incorporated or Qualified
05/23/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **5315 CR 352**

26 **P. O. BOX 657**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Keystone Hts, FL**

28 **KEYSTONE HTS, FL**

Zip Country

Zip Country

24 **32656**

25

29 **32656**

30

US

4. FEI Number

59-2007271

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

10. Name and Address of New Registered Agent

**WALKER, BEN W., JR.
6554 103RD ST.
JACKSONVILLE FL 32210**

81 Name
WALKER, BEN W. JR.

82 Street Address (P.O. Box Number is Not Acceptable)
5315 CR 352

83

84 City
Keystone Hts

FL

85 Zip Code
32656

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. Thereby 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 (delete if applicable)

(NOTE: Registered Agent signature is required when changing registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD WALKER, BEN W., JR.**
STREET ADDRESS **6554 103RD ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **STD WALKER, BERTHA E.**
STREET ADDRESS **6554 103RD ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME **PD WALKER, BEN W. JR.**
13 STREET ADDRESS **5315 CR 352**
14 CITY-ST-ZIP **Keystone Hts, FL 32656**

21 TITLE ☒ Change ☐ Addition
22 NAME **STD WALKER, BERTHA E.**
23 STREET ADDRESS **5315 CR 352**
24 CITY-ST-ZIP **Keystone Hts, FL 32656**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: *Ben W. Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEN W. WALKER PD

4/23/96

352 473-4719

CR2E034 (12/95)