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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

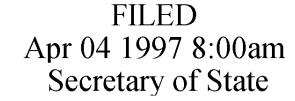
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 671208

(7)

BEN WALKER INSURANCE AGENCY, INC.





Principal Place of Business		Mailing Addr	ess				T SOURCE OUTH LOGGE ELECT FIRM OUTED HOW BEGIN FIRM OUTED HOW BIRM OUT OF F		
5315 CR 352 PO BOX 7404 KEYSTONE HEIGHTS FL 32656		P.O. BOX 657 PO BOX 7404 KEYSTONE HEIGHTS FL 32656-0657							
US		US				 Date incorporated or Qualified 05/23/1980 	3a. Date of 05/01/1	,	
	d Place of Business	2a. Mailing Ad	ddress			4. FEI Number		Applied For	
21		26				59-2007271		Not Applicable	
22	pt #, etc	Suite. Apt				5. Certificate of Status Desired		1.75 Additional Fee Required	
City & S	itate	City & Sta	ite			6. Election Campaign Financing	\$!	5.00 May Be	
23 Zuc	Country	28		Countr		Trust Fund Contribution		dded to Fees	
Zip	25 Country	Zip	-	Country		8. This corporation has liability for			
24	9. Name and Address of Cu	rrent Registered Ager	30 s			Florida Statutes 10. Name and Address of New Re	Yes No		
	VALKER, BEN W. JR.			81	Name	TO, Name and Addition of New Ho	Biorgraph Wholi		
	315 CR 352								
	EYSTONE HEIGHTS FL 32656			82	Street A	Address (P.O. Box Number is Not Acceptab	le)		
, n	ETSTUNE NEIGHTS PL 32000			83	· · · · · · · · · · · · · · · · · · ·				
						-			
				84	City		FL 85	Zip Code	
11. Pursua office of agent		0502 and 607,1508, FI tate of Florida. Such of bligations of, Section 6	orida Statutes, t nange was autho 07.0505, Florida	he above orized by Statutes	e-named of the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of change the appointment	ging its registered ant as registered	
SICINATION	Standard typical or political name of registeres	aldesolyge to still one triege to	(NO1E: Reç	jistered Age	nt signature i	required when reinstating)	DATE	*	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
1.111	PD		DELETE	1.1 TITLE	- 1		□ ci	hange 🔲 Addition	
NAME:	WALKER, BEN W., JR.			1.2 NAME	- 1				
STREET ADDRES	1 33.3 37. 332		ŀ	1.3 STREET	ADDRESS				
CD3+51-20	KEYSTONE HEIGHTS FL			1.4 CITY - S	T-ZIP				
THLE	STD		DELETE	2.1 TITLE			☐ Cł	hange Addition	
NAME	Walker, Bertha E.			2.2 NAME					
STREET ADORES				2 3 STREET	ADDRESS				
COY-SU-ZIF	KEYSTONE HEIGHTS FL			2.4 CITY-5	T- ZIP	Ŷa tr			
TITLE			DELETE	3 1 TITLE			☐ Ch	hange	
NAME				3.2 NAME					
STREET ACORES	8			3.3 STREET	ADDRESS				
C!! r · S* · 719				3.4. CITY - 9	T-ZIP			<u> </u>	
1616		L	DELETE	4.1 TITLE			☐ Cr	hange 🔲 Addition	
NAME				4. 2 NAME					
STREET ADDRES	i\$			4.3 STREET	I				
City St-ZiP				4.4 CITY - S	T-21P				
Title		LJ	DELETE	5.1 TITLE			☐ Ct	hange 🔲 Addition	
NAME			1	5.2 NAME					
STREET ADDRESS	d.			5.3 STREET	ADDRESS				
CHY+S)-7#				5 4 CITY - S	T-ZIP				
fillf			DELETE	6.1 TITLE			☐ Cr	hange	
NAME				6.2 NAME]				
SPREET ADDRES	s [6.3 STREET	ADDRESS				
CITY - S1 - Zi-	1			64 CITY-S	I-ZIP				
14 1 do ho	cutive cost to that the information runs	alod with this files doe	no not ounlifu for	the eve	mation of	stad in Contine 110 07/2)/i) Florida Ctatuta		. 41 6 41	

. I do hereby cert fy 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.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

4/2/97

352.473-4719