

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:22

DOCUMENT # 821216 (9)

1. Corporation Name

**WALKER STAINLESS EQUIPMENT COMPANY, INC., FLORID
A DIVISION**

Principal Place of Business

Mailing Address

**560 E. BURLEIGH BLVD.
TAVARES FL 32778
US**

**P.O. BOX 358
TAVARES FL 32778-0358
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1968

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1285391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, LYNN M.
34031 HIGHLAND ROAD
LEESBURG FL 34788**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when mandating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST
WALKER, EDNA M
34031 HIGHLAND ROAD
LEESBURG, FL 00000**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition

34788

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
WALKER, LYNN M
34031 HIGHLAND ROAD
LEESBURG, FL 00000**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☒ Change ☐ Addition

34788

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WALKER, LOREN
N4980 HWY. 80
NEW LISBON, WIS 00000**

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

☒ Change ☐ Addition

53950

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WALKER, C KEVIN
406 STATE STREET
NEW LISBON, WIS 00000**

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

☒ Change ☐ Addition

53950

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Lynn M. Walker

Lynn M. Walker

March 24, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

(004) 343 2606