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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT [redacted] STATE
Sandra B. Mort[redacted]n
Secretary of Sta[redacted]
DIVISION OF CORPOR[redacted]IONS

DOCUMENT # **846864** **(7)**

1. Corporation Name
WALCO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
846 NORTH MAIN , SUITE 8 PORTERVILLE CA 93257	846 NORTH MAIN , SUITE 8 PORTERVILLE CA 93257-1651

3. Date Incorporated or Qualified: 09/02/1980	3a. Date of Last Report: 03/29/1996
4. FEI Number: 94-2177786	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

Name

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

City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the [redacted]e-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 authorize[redacted]y 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 Sta[redacted]s.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere[redacted]ent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SWINDLER, STEPHEN F		1.2 NAME	
STREET ADDRESS	457 N KANAI		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTERVILLE CA		1.4 CITY-ST-ZIP	
TITLE	EVD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOMAR, JIM		2.2 NAME	
STREET ADDRESS	RT 2 BOX 225		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTON TX		2.4 CITY-ST-ZIP	
TITLE	CCEO	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALL, F. WILLARD		3.2 NAME	
STREET ADDRESS	32394 PLEASANT OAK DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGVILLE CA		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GARLIN, DONALD A.		4.2 NAME	
STREET ADDRESS	16250 MUSTANG DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTERVILLE CA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TATUM, MAUREEN		5.2 NAME	
STREET ADDRESS	635 EAST UTAH		5.3 STREET ADDRESS	
CITY-ST-ZIP	FRESNO CA		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FRICKE, L. C.		6.2 NAME	
STREET ADDRESS	471 W. BELLEVIEW		6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTERVILLE CA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify 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: [redacted] L. C. Fricke 1-20-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR[redacted] Date Daytime Phone #