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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Scoretary of State DIVISION OF CORPORATIONS

1996 F60911 **DOCUMENT #**

(7)

BERRY J. C. WALKER, SR., P.A.

Principal Place of Business Mailing Address					e idelitäd telä fätet fibiat järlät til	181 1161 61611 61611 6	11811 A1811 A1811 B1811 1A11	
1523 S. E. 3RD AVE OCALA FL 34471 US		1523 S. E. 3RD AVE OCALA FL 34471 US						
03		00			3. Date Incorporated or Qualified 01/05/1982	3a. Date of 02/	Last Report 06/1995	
2. Principal Pta-	ce of Business	2a. Mailing Address 26			4. FEI Number 59-2227048		Applied For Not Applicable	
Suite, Apt #	, etc.	Surte, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Gountry 25	Ζφ 29	30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes No No			
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered Ag	ent	
MALLER	N DEDOU 1 0 00		8	1 Name				
	r, Berry J. C. Sr. E 3rd ave		8:	Street Add	Address (P.O. Box Number is Not Acceptable)			
	FL 32671		8	3				
			8	4 Oity		FL	85 Zip Code	
or registere familiar with SIGNATURE	ed agent or both, in the State of Flor n, and accept the oblightions of, Sze beyon to the dependent of reserved spe-	ida Such change was authorize tion 607,0505, Pionida Statutes ்கள்ளர்கள்	ed by the cor	poration's bo	oration submits this statement for the plant of directors. Thereby accept the application of directors and the plant of directors and directors an	pointment as re	gistered agent. I am	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Change Addition	
TITLE NAME	WALKER, BERRY J.C., SR.		1.2 NAMI			LJ	Change Magazian	
STREET ADDRESS	1523 S.E. 3RD AVENUE			ET ADDRESS				
CITY - \$1 - 7/P	OCALA FL		1.4 CiTY	-ST ZIP				
TITLE		DETEIF	2 1 1111	f			Change 🔲 Addition	
NAME			2.2 NAM	i				
STREET ACORESS				FLAODRESS				
CITY - ST - ZIP Title		DELETE	2.4 Ci'Y 3.1 Itiçi				Change Addition	
NAME		<u></u>	3.2 NAM				, _	
STREET ADDRESS			3 3 STHI	ET AUDRESS				
CITY - ST - ZIF	- Marie Contract		3.4 CITY	- ST - ZIP				
TIFLE		☐ DELETE	4 1 TITL	1			Change	
NAME			4.2 NAM	1				
STREET ADDRESS				ET ADORESS				
CHY-ST-ZIP TITLE		[] DELFIE	4.4.0.1TY 5.1.1™L				Change Addition	
NAME		_ occ n	5.2 NAM				o lange	
STREET ADDRESS				+T ADDRESS				
CITY - ST-ZIP				- S1 - 7/P				
TITLE		DELETE	6 1101		,		Change Addition	
NAME			6.2 NAM	F				
STREET ADDRESS			6.3 S168	ET ADDRESS				
CITY-ST-ZIP			6.4 C//Y	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 trusted 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:

SIGNATURE AND TYPED ON PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

A NORMOGRAFIA OLIMA DERIN ABARI ALOMA HARA MARIA MARIA ANDIA ANDIA MARIA MARIA MARIA MARIA