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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F60911 1. Corporation Name

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

	. • • • • • • • • • • • • • • • • • • •								
Principal Place	e of Business	Mailing Address	Mailing Address				9 (9)(0) 1)(0) (1) (0)	816 E1861 B1811 811	Tri Aidii Aidii idai
1523 S. E. 3RD AVE		1523 S. E. 3RD AVE							
OCALA FL 34471 OCALA FL 34471									
U\$ U\$						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
							Jailled		l
						01/05/1982 4. FEI Number			Applied For
	lace of Business	2a. Mailing Address				59-2227048		<u> </u>	Not Applicable
21 Suita Ant	#	Suite, Apt. #, etc.			<u> </u>				5 Additional
Suite, Apt.	#, etc.					5. Certificate of Status Des	sired 🗌	•	Required
22 City & State		City & State				6. Election Campaign Fina	encina	\$5.0	0 May Be
23		28				Trust Fund Contribution	1 1		ed to Fees
Zip	Country	Zip Country				8. This corporation owes t		Intangible	
24	25		30			Personal Property Tax.		🗷 Yes	□No
	g. Name and Address of Current		1			10. Name and Address of	New Register	ed Agent	
			81	Na	me				
WALKER, BERRY J. C. SR.			82	Str	not Addro	ess (P.O. Box Number is Not	Accentable)		
1523	S SE 3RD AVE		62	30	set Addre	Section 19 (1.0. DOX 140)	(COCPLOSIO)		
OCA	LA FL 32671		83						
			<u> </u>	-				05 7	ip Code
			84	Cit	1		F	FL 85 Zi	1 0000
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida, Such change was autitions of, Section 607.0505, Flori	thorized by da Statutes	the c	orporation	n's board of directors. I hereb	y accept the ap	ропштен аз	registered
	Signature, typed or printed name of registered agen		-	nt signa	ture required	when reinstating) ADDITIONS/CHANGES			TOPS IN 12
TITLE	PD OFFICERS AN	DELETE	13.			ADDITIONS/CHANGES	TO OFFICERS	Chang	
	WALKER, BERRY J.C., SR.		1,2 NAME						_
NAME	1523 S.E. 3RD AVENUE		1.3 STREE	TANDE	FSS				
STREET ADDRESS	OCALA FL				100				
CITY-ST-ZIP	OCALA FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP				Chang	ge Addition
TITLE	1		2.2 NAME					_ `	, –
NAME			2.3 STREE	TADDD	Ecc	<u> </u>		رد سعد ت	<u>,</u> ,
STREET ADDRESS			2.4 CITY-		-33				į
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	31-21	+-			☐ Chang	ge
			3.2 NAME						
NAME			3.3 STREE	T ADDR	FSS				
STREET ADDRESS			3.4. CITY-		است				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-21				Chang	ge
NAME		_	4. 2 NAME						
STREET ADDRESS			4.3 STREE		ESS				
			4.4 CITY-S						
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE					☐ Chang	ge
NAME		_	5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDR	ESS				
CITY-ST-ZIP			5.4 CITY-5						ļ
TITLE		☐ DELETE	61 TITLE		\neg			Chane	ge
NAME		_	62 NAME						
STREET ADDRESS			6.3 STREE	TADDR	ESS				

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS