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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001495 (0)

JAMES G. WALTERS CONTRACTOR, INC.

## **FILED** Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					-
2300 59TH AVE. TUXEDO MD 20785		2300 59TH AVE. TUXEDO MD 20785			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 03/24/1994
2. Principal Place of Business	2a. Mai	2a. Mailing Address			4. FEI Number Applied For
21	26	26			<b>52-1784113</b> Not Applicable
Suite, Apt #, etc.	Suit 27	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City	City & State			6. Election Campaign Financing \$5.00 May Be
23	28	28			Trust Fund Contribution Added to Fees
	untry Zip	— ·		,	8. This corporation owes or has paid the current year intangible
24 25	29		30		Personal Property Tax due June 30. Yes No
					10. Name and Address of New Registered Agent
MCLELLAND, SLATE			81	Name	
5130 FEDERAL HWY US 1 NORTH	•			Street A	ddress (P.O. Box Number is Not Acceptable)
FT PIERCE FL 34946	3				
			84	,	FL. 85 Zlp 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 vid					<u> </u>
12.	OFFICERS AND DIRECTOR	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
3444 77700 144	IEG C	☐ 0€LE1E			Change Modition
OCO DEALE DE			1.2 NAME		
TOACHIC LAND	DING MD 20779		1.3 STREET		
CITY-ST-ZIP THACT S LAINE	711G IND 20110	DELETÉ	1.4 CITY - S 2.1 TITLE	1-ZIP	Change Addition
NAME		L_ OCCLIL	2.2 NAME		Grange Addition
l l				ADDOCCC	
STREET ADORESS			2.3 STREET		
CITY-\$T-ZIP TITLE		DELETE	2. 4 CITY - 5 3.1 TITLE	St - ZIP	Change Addition
NAME			3.2 NAME		العامل ال
STREET ADDRESS			3.3 STREET	Anneree	
CITY-ST-ZIP			3.4. CITY - S		
TITLE		DELETE	4.1 TITLE	1-24	Change Addition
NAME			4, 2 NAME		_ · _
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	1	
TITLE		DELETE	5.1 TITLE	, 411	☐ Change ☐ Addition
NAME			5.2 NAME		_ · <del>_</del>
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP	)		6.4 CITY - S		
14. I hereby certify that the Inform	applied with this filing of	does not qualify for			in Section 119.07(3)(i), Florida Statutes. I further certify that the information

ышень вышен тероп в чие апо ассигате апо mat rny signature shall have the same legal effect as if made under oath; that I am ar the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in <u>an att</u>achment with an address.

1/12/98 (301) 773-0130