

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001689 (7)**

1. Corporation Name
CARL WALKER, INC.

Principal Place of Business
**445 W. MICHIGAN AVE., #101
KALAMAZOO MI 49007**

Mailing Address
**445 W. MICHIGAN AVE., #101
KALAMAZOO MI 49007**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-2622047	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	D
NAME	MICHAEL C ORTIEB	1.2 NAME	WILLIAM E BOWSER
STREET ADDRESS	445 W MICHIGAN AVE	1.3 STREET ADDRESS	445 W MICHIGAN AVE
CITY-ST-ZIP	KALAMAZOO MI	1.4 CITY-ST-ZIP	KALAMAZOO MI 49007
TITLE	T	2.1 TITLE	V
NAME	WALKER, H CARL	2.2 NAME	GAILIUS A VASONIS
STREET ADDRESS	445 W MICHIGAN AVE, 101	2.3 STREET ADDRESS	445 W MICHIGAN AVE, 101
CITY-ST-ZIP	KALAMAZOO MI	2.4 CITY-ST-ZIP	KALAMAZOO MI 49007
TITLE	V	3.1 TITLE	V
NAME	CUDNEY, GARY	3.2 NAME	THOMAS J DELANEY
STREET ADDRESS	445 W. MICHIGAN AVE., #101	3.3 STREET ADDRESS	2198 GLADSTONE COURT
CITY-ST-ZIP	KALAMAZOO MI 49007	3.4 CITY-ST-ZIP	GLENDAL HGT S IL 60139
TITLE	PD	4.1 TITLE	V
NAME	STAIF, JAMES E	4.2 NAME	PAUL D MACK
STREET ADDRESS	13747 MONTFORT DR., #105	4.3 STREET ADDRESS	600 GRANT STREET
CITY-ST-ZIP	DALLAS TX 75240	4.4 CITY-ST-ZIP	DENVER CO 80203
TITLE	D	5.1 TITLE	D
NAME	HBBARD, FORREST N	5.2 NAME	DOROTHY J WALKER
STREET ADDRESS	1655 TULLE CIR., NE, #116	5.3 STREET ADDRESS	2429 HIGHPOINTE DRIVE
CITY-ST-ZIP	ATLANTA GA 30329	5.4 CITY-ST-ZIP	KALAMAZOO MI 49008
TITLE	D	6.1 TITLE	P
NAME	MATTHEWS, ROBERT A	6.2 NAME	CUDNEY, GARY
STREET ADDRESS	4046 CAMP DELIGHT RD.	6.3 STREET ADDRESS	445 W MICHIGAN AVE #101
CITY-ST-ZIP	ONEKAMA MI 49675	6.4 CITY-ST-ZIP	KALAMAZOO MI 49007

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.

SIGNATURE:

Wm Cudney *Gary Cudney* *President* *Alicia* *616-381-2222*

CR2E034 (10/97)