

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005886 (5)

1. Corporation Name

WALKER AND ASSOCIATES OF VIRGINIA, INC.



Principal Place of Business: **7129 OLD HWY. 52 WELCOME NC 27374**
Mailing Address: **7129 OLD HWY. 52 WELCOME NC 27374**

2. Principal Place of Business: **7129 OLD HWY. 52 WELCOME NC 27374**
2a. Mailing Address: **P.O. Box 1029 WELCOME NC 27374**
23. City & State: **WELCOME NC**
24. Zip: **27374** 25. Country: **USA**

3. Date Incorporated or Qualified: **12/04/1995**
3a. Date of Last Report: **12/04/1995**
4. FET Number: **54-0982503**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWING, TIMOTHY J	1.2 NAME	
STREET ADDRESS	7129 OLD HWY. 52	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELCOME NC 27374	1.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLEY, MARK L	2.2 NAME	
STREET ADDRESS	7129 OLD HWY. 52	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELCOME NC 27374	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, VIRGINIA M	3.2 NAME	
STREET ADDRESS	7129 OLD HWY. 52	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELCOME NC 27374	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MILTON C	4.2 NAME	
STREET ADDRESS	7129 OLD HWY. 52	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELCOME NC 27374	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark L. Whitley* Mark L. Whitley 6-24-96 704-731-6391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone #

CR2E034 (3/96)