

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0117090

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 DEC 17 AM 9:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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
 P O BOX 1029
 WELCOME NC 27374
 US

REINSTATEMENT

3. Date Incorporated or Qualified
 12/04/1995

4. FEI Number
 54-0982503 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 Suite, Apt. #, etc.

2a. Mailing Address
 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 *Mark C. Walker*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/5/98

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input checked="" type="checkbox"/>
NAME	LAWING, TIMOTHY J	
STREET ADDRESS	7129 OLD HWY. 52	
CITY-ST-ZIP	WELCOME NC 27374	
TITLE	VAS	DELETE <input type="checkbox"/>
NAME	WHITLEY, MARK L	
STREET ADDRESS	7129 OLD HWY. 52	
CITY-ST-ZIP	WELCOME NC 27374	
TITLE	SD	DELETE <input type="checkbox"/>
NAME	WALKER, VIRGINIA M	
STREET ADDRESS	7129 OLD HWY. 52	
CITY-ST-ZIP	WELCOME NC 27374	
TITLE	TD	DELETE <input type="checkbox"/>
NAME	WALKER, MILTON C	
STREET ADDRESS	7129 OLD HWY. 52	
CITY-ST-ZIP	WELCOME NC 27374	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Mark C. Walker	
1.3 STREET ADDRESS	7129 Old Hwy 52	
1.4 CITY-ST-ZIP	Welcome NC 27374	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 -12/23/98-01040-011
 ****750.00 - ****750.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: *Mark C. Walker* E Mark Walker LP 11/19/98

12/19/98 338-731-6391

CR2E034 (5/98)