

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

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* VP  
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 NAME - ☒ DELETE  
NAME P  
STREET ADDRESS LAWING, TIMOTHY J  
CITY-ST-ZIP 7129 OLD HWY. 52  
WELCOME NC 27374

TITLE NAME ☐ DELETE  
NAME VAS  
STREET ADDRESS WHITLEY, MARK L  
CITY-ST-ZIP 7129 OLD HWY. 52  
WELCOME NC 27374

TITLE NAME ☐ DELETE  
NAME SD  
STREET ADDRESS WALKER, VIRGINIA M  
CITY-ST-ZIP 7129 OLD HWY. 52  
WELCOME NC 27374

TITLE NAME ☐ DELETE  
NAME TD  
STREET ADDRESS WALKER, MILTON C  
CITY-ST-ZIP 7129 OLD HWY. 52  
WELCOME NC 27374

TITLE NAME ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
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 ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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* VP  
Signature, typed or printed name of signing officer or director

10/19/98

351-731-6391

CR2E034 (5/98)