

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 JUL 12 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005886

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 12/04/1995	
21		26		4. FEI Number 54-0982503	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 P	LAWING, TIMOTHY J <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7129 OLD HWY. 52	1.2 NAME	
STREET ADDRESS	WELCOME NC 27374	1.3 STREET ADDRESS	
CITY-ST-ZIP		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	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MARK C	5.2 NAME	
STREET ADDRESS	7129 OLD HIGHWAY 52	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELCOME NC 27374	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	

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****150.00 ****150.00

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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, with all other like empowered.

SIGNATURE: Mark C Walker 6-18-99 331-731-6391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)



WALKER
AND ASSOCIATES INC

7129 Old Hwy 52
PO Box 1029
Welcome, NC 27374-1029
336-731-6391
800-472-1746
<http://walkerassoc.com>

June 15, 1999

Department of State
Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our 1999 Profit Corporation Annual Report and check in the amount of \$150.00. Due to recent changes and reorganization, we were not able to meet the May 1, 1999 filing deadline. Please consider this request to waive the \$400.00 late filing fee.

Thank you for your consideration.

Sincerely,

Mark L. Whitley
Vice President/CFO

Enclosures



7129 Old Hwy 52
PO Box 1029
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800-472-1746
<http://walkerassoc.com>

July 9, 1999

Stacy Prather
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Stacy:

On June 15th I called you concerning the filing of our annual report and reasons the May 1st filing date was missed. You requested that I send a letter with our check for \$150.00 stating this information (see attached). We received a letter (see attached) and our returned check from Tyrone Scott requesting the additional \$400.00 .

I tried to reach you by phone this morning, but spoke with Kristen. She suggested I return everything to you and possibly you could assist in this matter. Please call me if you have additional questions or if there is a problem (336-731-6391 – ext. 2228).

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads 'Lynne Haywood'. The signature is fluid and matches the typed name below it.

Lynne Haywood
CFO Administrative Assistant

Attachments