

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F96000004947 (5)
 1. Corporation Name
WALKER AIR TRAFFIC SERVICES INCORPORATED



Principal Place of Business PO BOX 10012 PENSACOLA FL 32524	Mailing Address PO BOX 10012 PENSACOLA FL 32524
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1996		4. FEI Number 59-3394448		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 8527 Scenic Hills Dr.	2a. Mailing Address 26 PO Box 10012	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
23 City & State Pensacola, FL	28 City & State Pensacola, FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip 32514	25 Country USA	29 Zip 32524-0012	30 Country USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, LEON A	1.2 NAME	
STREET ADDRESS	9901 HOLLOWBROOK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	1.4 CITY-ST-ZIP	
TITLE	President/CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon A. Walker	2.2 NAME	
STREET ADDRESS	8572 Scenic Hills Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32514	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: 

3-1-98

CR2E034 (10/97)