

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

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90012 041 ***150.00
 03-19-1999 90012 042 *****8.75

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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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DOCUMENT # F96000004947

1. Corporation Name
WALKER AIR TRAFFIC SERVICES INCORPORATED

Principal Place of Business 8527 SCENIC HILLS DR PENSACOLA FL 32514 US	Mailing Address P. O. BOX 10012 PENSACOLA FL 32524-0012 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1929 Woodbridge Dr. Suite, Apt. #, etc. 22	2a. Mailing Address 26 PO Box 10012 Suite, Apt. #, etc. 27
23 City & State Pensacola, FL 32514	28 City & State Pensacola, FL
24 Zip 32514	29 Country Escambia

3. Date Incorporated or Qualified 09/26/1996	
4. FEI Number 59-3394448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		DELETED
TITLE	PCEO	<input checked="" type="checkbox"/>
NAME	WALKER, LEON A	
STREET ADDRESS	8572 SCENIC HILLS DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President/CEO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Walker, Leon A		
1.3 STREET ADDRESS	1929 Woodbridge Drive		
1.4 CITY-ST-ZIP	Pensacola, FL 32514		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 (850) 501-2716
 Date Daytime Phone #

CR2E034 (11/98)