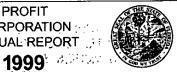
**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90220 013 \*\*\*150.00

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

**PROFIT** CORPORATION :--ANNUAL REPORT 14



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9700006562

1. Corporation Name

RAYMOND WALKER COMPANY

Principal Place of Business Mailing Address					. (551/55 1115 1011) 1011		
600 W. PEACHTREE ST., #2350 600 W. PEACHTREE ST., #235			50				
ATLANTA GA 30308 . ATLANTA GA 30308					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed		
					12/11/1997		,
2 Principal Pl	ace of Business	2a. Mailing Address		444	4. FEI Number	Apr	olied For
21	000 01 000111000	26			58-1744725	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & State	•	City & State		:	6. Election Campaign Financing	\$5.00	, ,
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Inte		ted
24	25	29 30	0		Personal Property Tax.		<b>⊠</b> No
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Registered	\gent	
	CODDODATION SYSTEM			81 Name			j
C T CORPORATION SYSTEM				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	_	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							
PLAN	HAHUN FL 33324	,		83			
			ŀ	84 City		85 Zip C	ode
1				1	FL	خنبل	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes f Florida. Such change was auth	the at	ove-named corp by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its i	registered jistered
agent. Lar	n familiar with, and accept the obligati	ons of, Section 607.0505, Flond	ia Statu	ites.			ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTF: R	ecistered	Agent signature require	d when reinstating) DATE		<del></del> [
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PDC	☐ DELETE	1.1 π1	lE		Change	☐ Addition
NAME	WALKER, RAYMOND C		1.2 NA	ME			j
STREET ADDRESS	COO IV DEACUTDEE OF MODES			REET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30308		1.4 CIT	Y-ST-ZIP			
TITLE	VDC	☐ DELETE	2.1 TH	LE .		Change	Addition
NAME	WARDEN, JOHN T		2.2 NA	ME			)
STREET ADDRESS	600 W. PEACHTREE ST., #2350	)	2.3 ST	REET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30308		2.4 CI	TY-ST-ZIP	<u></u>		
TITLE	SD. *	☐ DELETE	3.1 TI			☐ Change	☐ Addition
NAME	TRUSTY, ROBERT M		3.2 NA	ме -	and the second of the second o		
STREET ADDRESS	600 W. PEACHTREE ST., #2350	)	3.3 ST	REET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30308		3.4. CI	TY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TT	le .	•	Change	☐ Addition

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 supplements 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 extachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

HILES, TOMMY

ATLANTA GA 30308

600 W. PEACHTREE ST., #2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

☐ Addition

Addition