	1. Entity Name	INIFORM BUS ENT # G05861 WALKER & ASSOC., IN	1	FILED Feb 23, 2000 8:00 am Secretary of State 02-23-2000 90021 013 ***150.00					
Suite: Apt #, etc. Suite: Apt #, etc. Do Not Writte IN THIS SPACE City & State City & State 4. FEI Number Do Not Writte IN THIS SPACE Zite Country Zite Country S. Certificate of Status Desired Statschall Zite Country J. Certificate of Status Desired Statschall Norte Address of New Registered Agent Norte 6. Norme and Address of Current Registered Agent -7. Norme and Address of New Registered Agent Norme Statschall WALKER MICHAEL K Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Number Is Not Acceptable; Street Address (PO. Box Number Is Not Acceptable); Street Address (PO. Box Number Is Not Acceptable); Nume Street Address (PO. Box Number Is N	Principal Place of Business % MICHAEL K WALKER 1793 MANGO AVE. SARASOTA FL 34234		% MICHAEL K WALKER 1793 MANGO AVE.				-		
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Zip Country Zip Country Address of Current Registered Agent Marce 6. Name and Address of Current Registered Agent 6. Centificate of Status Desired 6. Sea Additional Face Required WALKER, MICHAEL K 1732 LOWA LINDA ST. SARASOTA FL 34239 Name Name Name B. The acove named entity submits this statement for the purpose of changing its registered office or rogistered agent, or both, in the State of Fioria. Intel Country Entity B. The acove named entity submits this statement for the purpose of changing its registered office or rogistered agent, or both, in the State of Fioria. Intel State of Fioria. BIGNATURE Dignate Leads of sensor or or anymous generative and active statuting requirement and elocits to do so. (Sea orbitario to addity) its intangibio Tax time requirement and elocits to do so. Atter MAY 1, 2000 Fee will be \$550.00 Atter MAY 1, 200			Suite, Apt. #, etc.	Suite, Apt. #, etc.					
Cell celler of address of Current Registered Agent Agent VALKER, MICHAEL K T732 LOMA LINDA ST. SaRASOTA FL 34239 City FL Zip Code Address (PC. Box Number is Not Acceptable) City FL Zip Code Address of Current Registered Agent OPE City FL Zip Code Address City FL Zip Code SiGNATURE Signature Signature City FL Zip Code Address City FL Zip Code Signature City FL Zip Code Signature City FL Zip Code Signature Signature City FL Zip Code Signature Signature City FL Zip Code Signature Signature City FL Zip Code Signature Signature City FL Zip Code Signature Signature Signature Signature Signature City Signature City Signature	City & State		City & State		4. FEI Number 59				
WALKER, MICHAEL K 1732 LOMA LINDA ST. SARASOTA FL 34239 Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. Statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. SIGNATURE Full control of agents agent ag	Zip	Country	Zíp	Country	5. Certificate of Statu	us Desired			
			nt Registered Agent	Name	_ 7. Name and Addres	s of New Registered	Agent		
City FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip	1732 LOI	MA LINDA ST.		Street Address ((P.O. Box Number is Not Acceptable)			
SIGNATURE Signalues types or preside name of regimeers agent and tite it applicable (MOTE Registeer Agent agentation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See orthering on back) PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 After M	JANASOTA FL 34235			City		FL	Zip Cod	e	
ITTLE UNDERSES CITY-ST-2IP ITTLE CHange Addition ITTLE CHange Addition ITTLE CHANGE CITY-ST-2IP	Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2 Make Check Paya	000 Fee will be \$550.0 ble to Department of S	D Trust Fund	Contribution.	Added Added	to Fees	
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3. 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 report or supplemental report of structures 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 exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an adoress, with all other like empowered.	AME TREET ADDRESS	,	Delete	NAME STREET ADDRESS			Change	Addition	
	 I hereby certif indicated on ti of the corpora 	y that the information supplied w his report or supplemental report tion or the receiver or vusite and	the this filing does not qualify f s true and accurate and that powered to execute this repor- with all other like empowered	or the exemption stated ir my signature shall have t rt as required by Chapter d.	Section 119.07(3)(i), Florid he same legal effect as if n 607, Florida Statutes; and t	a Statutes. I further centrate under oath; that I a hat my name appears i	rtify that the in am an officer n Block 11 or	nformation or director Block 12 if	