


FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G37604 (7)

1. Corporation Name

WALKER BROS. CONSTRUCTION, INC. OF NAPLES

Principal Place of Business 2171 OAKS BLVD NAPLES FL 33999 US	Mailing Address 2171 OAKS BLVD NAPLES FL 34119-8756 US
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2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21 Suite, Apt. #, etc.</div> <div style="border: 1px solid black; padding: 2px;">22 City & State</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">23 Zip</div> <div style="border: 1px solid black; padding: 2px;">25 Country</div> </div> <div style="border: 1px solid black; padding: 2px;">24</div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26 Suite, Apt. #, etc.</div> <div style="border: 1px solid black; padding: 2px;">27 City & State</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">28 Zip</div> <div style="border: 1px solid black; padding: 2px;">30 Country</div> </div> <div style="border: 1px solid black; padding: 2px;">29</div>
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9. Name and Address of Current Registered Agent WALKER, ROBERT C. 2171 OAKS BLVD NAPLES FL 33999	<div style="border: 1px solid black; padding: 2px;">81 Name</div> <div style="border: 1px solid black; padding: 2px;">82 Street Address</div> <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84 City</div>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)

OFFICERS AND DIRECTORS				13.			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE			
NAME	WALKER, ROBERT C			1.2 NAME			
STREET ADDRESS	2171 OAKS BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	WALKER, WILLIAM L			2.2 NAME			
STREET ADDRESS	6480 22ND AVE NW			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE			
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			
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			
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			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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-

CR2E034 (9/96)