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PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris Secretary of State

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # G92872

1. Corporation Name

WALKER AND ASSOCIATES, ARCHITECTS, P.A.

TAME IVET	AND AGGOGIATES, ANOTH									
Principal Place	of Business	Mailing Address						,,,,,,		
701 ENTERPRIS	E RD E	701 ENTERPRISE RD E				•				
STE 701 STE 701						DO NOT WRITE IN	THIS SP	ACF		
SAFETY HARBOR FL 34695 US SAFETY HARBOR FL 34695 US						3. Date Incorporated or Qualifed	11110 01			
US		US				03/23/1984				
A 62 1 1 1 1 1 1	(0)	2a. Mailing Address				4. FEI Number		тт.	Annlie	ed For
	ace of Business				59-2390714		<u> </u>		pplicable	
21	# 040	Suite Ant # etc	Suite, Apt. #, etc.					\$8.75		``
Suite, Apt. :	#, etc.	27			5. Certifcate of Status Desired		,	Requi		
City & State	<u> </u>	City & State			6. Election Campaign Financing		\$5 O	0 м	ay Be	
		28			Trust Fund Contribution		Adde		- 1	
Zip	Country	Zip	Country	,		8. This corporation owes the current year	ar Intano	ible		
24	25	29 30	ו			Personal Property Tax.] Yes		No
241	9. Name and Address of Curren					10. Name and Address of New Registe	ered Ag	ent		
			81	Na	me					
EDW	ard H. Walker, Jr.		82	Ctr	ant Addra	ess (P.O. Box Number is Not Acceptable)	-		—	
701 ENTERPRISE ROAD, E.			82	Su	eet Addre	ss (F.O. Box Number is Not Acceptable)				
STE	701		83	1						
SAFE	ETY HARBOR FL 34695			ļ						
			84	Cit	у		FL †	85 Zi	p Coo	je et
office or reagent. I a SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes	3.		when reinstating) ADDITIONS/CHANGES TO OFFICER	TE			
TITLE	DPS	☐ DELETE	1.1 TITLE					Chang		Addition
NAME	WALKER, EDWARD H., JR.	_	1.2 NAME							
	2675 WAXWOOD COURT			1.3 STREET ADDRESS						
STREET ADDRESS	CLEARWATER FL		1.4 CITY-ST							
CITY-ST-ZIP TITLE	OLEANWAILN I L	☐ DELETE	2.1 TITLE] Chang	je	Addition
			2.2 NAME							
NAME				2.3 STREET ADDRESS						
STREET ADDRESS		,			.200					İ
CITY-ST-ZIP		☐ DELETE	2, 4 CITY-5 3.1 TITLE	31-ZIF				Chang	e -	Addition
TITLE		2		3.2 NAME						
NAME		,	3.3 STREE	TADDE	FSS					
STREET ADDRESS		,	3.4. CITY-5							
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-21				Chang	8	Addition
			4. 2 NAME		1					
NAME STREET ADDRESS			4.3 STREE		ESS					
			4.4 CITY-S							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	31-24T	- -			Chang	e	Addition
NAME			5.2 NAME							l
			5.3 STREE		RESS	•				
STREET ADDRESS			5.4 CITY-S							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE					Chang	je	Addition
NAME		_	6.2 NAME		-					
STREET ADDRESS	1		6.3 STREE	T ADOF	ESS					

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

727- 726-AZGL