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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G96201

(0)

W. R. WALWORK & ASSOCIATES, INC.

FILED
Jan 15 1998 8:00am
Secretary of State

	· WALTOIN & P											
Principal Pl	lace of Business	Mailing Address				ł				** ****		
612 A 18TH ST CT E PALMETTO FL 34221			W.R. WALWORK & ASSOCIATES, INC. PO BOX 1286 PALMETTO FL 34220									
US								DO NOT WRITE IN THIS SPACE				
			US					3	. Date Incorporated or Qualified			
O Dringing	I Place of Business		- I a- A	Apilina Address	<del></del>	<del></del>		<del>-</del>	<b>04/13/1984</b> . FEI Number			0 45
— '	i riace of business		2a. Mailing Address				"	59-2401515		<del>                                      </del>	pplied For ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				+	<u> </u>		~	Additional	
22			27				5	, Certificate of Status Desired			edniteq	
City & S	itato		City & State				6	, Election Campaign Financing	<del></del>	\$5.00	May Be	
23			28					Trust Fund Contribution			to Fees	
Zip			Zip Country			untry		8. This corporation owes or has paid the curre				tangible
24					30	)						□ No
	9. Name and A	ddress of Curren	nt Registe	red Agent		<del>                                     </del>		10	, Name and Address of New R	egistered	Agent	
	Meissner, Gregoi					81	Name					
1111 THIRD AVE WEST						82	Street Add	lress (	P.O. Box Number is Not Accepta	ble)		
	STE 150 Bradenton FL 342	we.				83		•		<del> </del>		
<b>'</b>	DRADENIUM FL 342	203				Ц					<del></del>	
						B4	City			FL	_   <b>85</b>   Zip	Code
11. Pursua	int to the provisions of	Sections 607.050	2 and 607	1508, Florida Stati	ites, the	above	-named cor	poratio	on submits this statement for the	purpose o	of changing i	ts registered
agent.	or registered agent, or I am familiar with, and	accept the obliga	ations of	i. Such change was Section <mark>607.0505</mark> , f	autnoriz Iorida Sti	ea by atutes	tne corpora i.	tion's	board of directors. I hereby acce	pt the ap	pointment as	registerea
SIGNATUR												
<u> </u>	Signature, typed or printed			<del> </del>			nt signature requ			DATE	D DIDEOTO	20.00.40
12.	PVD	OFFICERS AN	D DIRECT	DELETE	13	TITLE	<del></del>		ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition
NAME	WALWORK, W	NI DODEOT									C Cylonide	
1	A444 (E) 1 AE					NAME	ADDOCÉ É					
STREET ADDRES	PALMETTO FL						ADDRESS					
CITY-ST-ZIP TITLE	STD	<u> </u>		DELETE		CITY- <u>s</u> Title	1-219				Change	Addition
NAME	WALWORK, D	ONNA R			4	NAME	1					
STREET ADDRES					1		ADDRESS					
CITY-ST-ZIP	PALMETTO FL					CITY - S						
TITLE		·		DELETE	_	TITLE	-				Change	Addition
NAME					3.21	NAME					•	
STREET ADDRES	ss				3.3 9	STREET.	address (					
CITY-ST-ZIP					3.4.	CITY-S	T-ZIP					
TITLE				☐ DELETE	_	TITLE					Change	Addition
NAME					4.2	NAME						
STREET ADDRES	SS				4.3 3	STREET.	ADDRESS					
CHY-ST-ZIP					4.4 0	CITY-S	r-zie					
TITLE				DELETE	5.1	ITLE			_		Change	Addition
NAME					5.21	NAME						
STREET ADDRES	is				5.3 (	STAEET	address					
CITY-ST-ZIP					5.4 (	HY-S	- ZIP		<del></del>			
TITLE				☐ DELETE	6.1	ITLE					Change	Addition
NAME					6.21	AME						
STREET ADDRES	ss				6.3 \$	STREET	ADDRESS					
CITY-ST-ZIP	1				6.40	CITY-SI	r-ziP					

14. Thereby 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 In Policy States of the PORTET WALLERY 1-1.