FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:57

DOCUMENT # **H45766** **(3)**

1. Corporation Name
HATTIE FARMER WALKER EDUCATIONAL TRUST, INC.

Principal Place of Business	Mailing Address
9353 NW SOUTH RIVER DR. MIAMI FL 33166	9353 NW SOUTH RIVER DR. MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1985
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business	2a. Mailing Address
21 1920 SENTINEL POINT RD	26 1920 SENTINEL POINT RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 SEBRING, FL	City & State 28 SEBRING FL
Zip 24 33872 Country 25 HIGHLANDS	Zip 29 33872 Country 30 HIGHLANDS

4. FEI Number: 59-6819009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALKER, ROBERT T
9353 S RIVER DRIVE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name ROBERT T. WALKER (SAME)
82 Street Address (P.O. Box Number is Not Acceptable) 1920 SENTINEL POINT RD (CHANGE)
83
84 City SEBRING FL 85 Zip Code 33872

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ROBERT T. WALKER 4/9-95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when filing online) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	WALKER, ROBERT T	12 NAME		
STREET ADDRESS	9353 S RIVER DR	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WALKER, JEAN E	22 NAME		
STREET ADDRESS	9353 S RIVER DR	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, VIRGINIA W	32 NAME		
STREET ADDRESS	9353 S RIVER DR	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SKINNER, PHYLLIS W	42 NAME		
STREET ADDRESS	9353 S RIVER DR	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MARTIN, SUSAN W	52 NAME		
STREET ADDRESS	858 MISSISSIPPI AVE	53 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WALKER, ROBERT C	62 NAME		
STREET ADDRESS	9353 S RIVER DR	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 X in this box.

SIGNATURE: [signature] 4/8-95 305-885-7796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
ROBERT T. WALKER

0181869 CP