SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 20 1996 8:00 am
Secretary of State

DOCUMENT # **H71038** **(4)**

1. Corporation Name
WALTON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4000 B ST JOHNS AVE #26 SUITE #26 JACKSONVILLE FL 32205	8081 PHILLIPS HIGHWAY SUITE 12 JACKSONVILLE FL 32256 US

2. Principal Place of Business 21 8081 Phillips Hwy	2a. Mailing Address 26
Suite, Apt. #, etc. 22 14	Suite, Apt. #, etc. 27
City & State 23 Jax, Fla	City & State 28
Zip / Country 24 32256 / 25 Duval	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **08/13/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2546465** ☐ 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
WALTON, WILLIAM H., JR.
~~4000 B ST JOHNS AVE~~
~~SUITE 26~~
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and date (required) — NOTE: If changing Agent, signature required where indicated.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	WALTON, WILLIAM H., JR.		1.2 NAME	
STREET ADDRESS	~~4000 B ST JOHNS AVE #26~~		1.3 STREET ADDRESS	See New Address
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	WALTON, WILLIAM H., III		2.2 NAME	
STREET ADDRESS	~~4000 B ST JOHNS AVE #26~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	WALTON, WILLIAM H., III		3.2 NAME	
STREET ADDRESS	~~4000 B ST JOHNS AVE #26~~		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	WALTON, ALONZO DEE(ASST)		4.2 NAME	
STREET ADDRESS	~~4000 B ST JOHNS AVE #26~~		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☑ Change ☐ Addition
NAME	WALTON, ALONZO DEE		5.2 NAME	900001869859
STREET ADDRESS	~~4000 B ST JOHNS AVE #26~~		5.3 STREET ADDRESS	-06/20/96--01063--032
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	***225.00
TITLE	ST	☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	JORDAN, M.I. (ASST)		6.2 NAME	
STREET ADDRESS	~~4000 B ST JOHNS AVE #26~~		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. K. Walton, Jr. June 7, 1996 904-733-7306
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number