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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

WALTON ENTERPRISES, INC.

| FILED | | | | | | | | | | |
|--------------------|---|--|--|--|--|--|--|--|--|--|
| May 20 1998 8:00an | 1 | | | | | | | | | |
| Secretary of State | | | | | | | | | | |



| Principal Place | e of Busines | S | Mai | ling Address | | | | -{ | | | |
|--|--------------------|--|-----------------|---------------------|------------------|-------|---------------------------------------|--|---|----------------------------|--|
| 4000B ST JO | DHNS AVE | | 40 | 000-B ST JOHNS AVE | | | | | | | |
| 24 | - | | 24 | l | | | | | | | |
| JACKSONVIL | LE FL 32205 | | | ACKSONVILLE FL 322 | 05 | | | DO NOT WRITE IN THIS SPACE | | | |
| US US | | | | | | | | 3. Date Incorporated or Qualified 08/13/1985 | | | |
| 2. Principal P | lace of Busin | 1088 | 2a. I | Mailing Address | | | ···· | 4. FEI Number | Ār | pplied For | |
| 21 | | | 26 | - ¬ | | | | 59-2546465 | · • • • • • • • • • • • • • • • • • • • | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | · · · · · · · · · · · · · · · · · · · | | | Additional | |
| 22 2 | | | | 27 | | | | 5. Certificate of Status Desired | | equired | |
| City & State | 6 | | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | | 28 | 28 | | | | Trust Fund Contribution | | to Fees | |
| Zip | İ | Country | ļ., 4 | Zip Country | | | ′ | 8. This corporation owes or has paid the current year intangible | | | |
| 24 | | 25 | 29 | | 30 | | | | | _] No | |
| | | and Address of Cur | rent Registe | ered Agent | | 81 | Mana | 10. Name and Address of New Registered | Agent | | |
| | | LLIAM H., JR. | | | | 81 | Name | | | | |
| | | S HWY, SUITE 14 | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| JACKSONVILLE FL 32256 | | | | | i | | | | | | |
| | | | | | | 83 | | | | | |
| | | | | | | 84 | City | | 85 Zip (| Code | |
| 74 5 | 1 - 1 | | E00 1 60° | 7.4800 El 24. Out | | | | <u>FL</u> | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized be agent. I am familiar with, and accept the obligations of, Seltion 607.0505, Florida Statute. | | | | | | | e-named corpo y the corporations. | ion's board of directors. I hereby accept the app | changing it ointment as | s registered registered | |
| l | 4.) | (// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 7 - | \mathcal{N} . | | | | 4/30/98 | | | |
| | Signature, typicol | or printed name of registered | | | | d Age | ent signature require | ed when reinstating) DATE | | i | |
| 12. | - 700 | OFFICERS / | AND DIRECT | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | | | |
| TITLE | PD | A1 UMILIANA II . IM | | ☐ DELETE | 1.1 10 | | | | Change | Addition | |
| NAME | | N, WILLIAM H., JR. | | | 1.2 N/ | | | | | Į. | |
| STREET ADDRESS | | HILLIPS HWY, SUIT | C 14 | | | | ADDRESS | | | | |
| CITY-ST-ZIP | VS | ONVILLE FL 32256 | | DELETE | 1.4 CI | | 11 · 21P | | T 05 | - Assessa | |
| TITLE | | N, WILLIAM H., III | | L) DELETE | 2.1 TI | | | | Change | L_ Addition | |
| NAME ATOTET LEADESON | | HILLIPS HWY, SUN | T 44 | | 2.2 N/ | | | | | | |
| STREET ADDRESS | | DNVILLE FL 32256 | C 14 | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | TD | DITVILLE FL 32230 | | DELETE | 2. 4 C 3.1 TI | | ST-ZIP | | Change | Addition | |
| NAME | | N, WILLIAM H., III | | المال المال | 3.1 H | | | | ET OHAIING | LLI NUUIIUII | |
| STREET ADORESS | | HILLIPS HWY, SUIT | F 14 | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | ONVILLE FL 32256 | y 17 | | | | | | | | |
| TITLE | VS | | - · | DELETE | 3.4. U 4.1 TI | | ST-ZIP | | Change | Addition | |
| NAME | | N, ALONZO DEE(A | SST) | | 4.2 N | | | | | | |
| STREET ADDRESS | | HILLIPS HWY, SUIT | - | | | | AODRESS | | | | |
| CITY-ST-ZIP | | ONVILLE FL 32256 | | | 4.4 Cf | | | | | 1 | |
| TITLE | TD | | | DELETE | 5.1 TI | | | | Change | Addition | |
| NAME | | N, ALONZO DEE | | | 5.2 NA | | | | 🔻 | _ | |
| STREET ADDRESS | | HILLIPS HWY, SUIT | E 14 | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | ONVILLE FL 32256 | | | 5.4 CI | | | | | | |
| TITLE | \$T | | | DELETE | 6.1 10 | | | | Change | Addition | |
| NAME | JORDA | N, M.I. (ASST) | | | 6.2 NA | ME | | | - | | |
| STREET ADDRESS | | HILLIPS HWY, SUIT | E 14 | | 6.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | JACKS | ONVILLE FL 32256 | | | 6.4 Cr | 1Y-S | T-ZIP | | | | |

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 trusted 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