

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90222 041 ***150.00

DOCUMENT # H83942

1. Entity Name
WALCO APPLIANCES, INC.



Principal Place of Business
% NED CHANCEY
777 E. JOHN C. SIMS PKWY
NICEVILLE FL 32578

Mailing Address
% NED CHANCEY
777 E. JOHN C. SIMS PKWY
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2605187**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, JAMES K JR.
300 RILEY RD.
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, JAMES K JR.	
STREET ADDRESS	300 RILEY RD	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VST	<input type="checkbox"/> Delete
NAME	TOTTEN, REGINA A	
STREET ADDRESS	189 CHAT HOLLEY RD.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOTTEN, JOSEPH	
STREET ADDRESS	189 CHAT HOLLEY RD.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TANSEY, CINDY	
STREET ADDRESS	411 ARUBA WAY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, ANTHONY	
STREET ADDRESS	724 LLOYD ST #6	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELCH, ANTHONY	
STREET ADDRESS	340 A LINCOLN AVENUE	
CITY-ST-ZIP	VALPARAISO FL 32580	

TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, DEBBIE L	
STREET ADDRESS	300 RILEY RD	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTTEN, REGINA A	
STREET ADDRESS	189 CHAT HOLLEY RD	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	T Tracy Brown D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	637 Crooked Creek Rd	
STREET ADDRESS	Ponce de Leon, FL 32455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

850-678-5321

Daytime Phone #

CR2E034 (10/02)