

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H84561

(0)

1. Corporation Name

WALTER THOMAS, INC.

Principal Place of Business

5758 CORPORATION CIRCLE
FT. MYERS FL 33905

Mailing Address

5758 CORPORATION CIRCLE
FT. MYERS FL 33905-5008

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 6771 MAGNOLIA LANE

Suite, Apt. #, etc.

27 City & State

28 FT MYERS FL

29 Zip Country

30 33912 LEE

9. Name and Address of Current Registered Agent

THOMAS, WALTER W.
6771 MAGNOLIA LANE
FT. MYERS FL 33912

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

WALTER W. THOMAS

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME THOMAS, WALTER W.
STREET ADDRESS 6771 MAGNOLIA LANE
CITY - ST - ZIP FT. MYERS FL

TITLE SD ☒ DELETE

NAME THOMAS, WALTER C.
STREET ADDRESS 1920 WELLINGTON
CITY - ST - ZIP LEHIGH ACRES FL

TITLE TD ☒ DELETE

NAME THOMAS, WALTER C.
STREET ADDRESS 1920 WELLINGTON
CITY - ST - ZIP LEHIGH ACRES FL

TITLE ☐ DELETE

NAME THOMAS, DANA
STREET ADDRESS 6771 MAGNOLIA LANE
CITY - ST - ZIP FT MYERS, FL

TITLE ☐ DELETE

NAME THOMAS, DANA
STREET ADDRESS 6771 MAGNOLIA LANE
CITY - ST - ZIP FT MYERS, FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02 1997 8:00am
Secretary of State



CR2E034 (9/96)