Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90169 020 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J11379

1. Corpor ation Name

Principal Flace of Business

WALKER'S AUTO SUPPLY, INC.

% DANNY C. WALKER SW CORNER OF US HWY 27 AND S.R. 47, PO BOX 308, FT WHITE, FL 32038		% DANNY C. WALKER SW CORNER OF US HWY 27 AND S.R. 47, PO BOX 308, FT WHITE, FL 32038				вох	DO NOT WRITE IN THIS SPACE								
								3. Date In-	corporated o	r Qualifed					
2. Principal Place of Business			2a. Mailing Address				4. FEI Number				-	\neg	Ap	olied For	
21			26				i	59-26	41341					No	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.										\$8.	75 £	dditional
22		27			1	5. Certifica	te of Status	Desired			F	ee Re	quired		
City & State			City & State					6 Election	Campaign I	Financina			\$5	00	May Be
23	,		28						und Contribu	_			,		Fees
Zip	Country		Zip		Country				rporation ow		rent vear	Intar	naible		
24	25	,	29	30			ľ		al Property T		,		Ŭ Ye		□No
	9. Name and Addre	ss of Current I							and Address		Register	.₂d A	gent		
	<u>, , , , , , , , , , , , , , , , , , , </u>				81	Name								-	
WAL	Ker, Danny C.				82										
SW CORNER OF US HWY 27 AND S.			.R. 47			Street	A idress	dress (P.O. Bok Number is Not Acceptable)							
PO E	3OX 308				83							-			
	/HITE FL 32028				"										
	71111C 1 C OCOCO				84	City					5	L	85	Zip C	ode
											-	_	بلبا	74 -	
office acr	to the provisions of Sect egistered agent, or both m familiar with, and acce	. in the State of	Florida, Such change	e was author	rized by	the carpo	or ation's	board of i	rectors. I he	reby acce	pt the ap	point	ment	as rec	istered
SIGNATURE	Signature, typed or printed or me	of registered agen a	nd title if applicable.	(NO E: Regis	stered Ager	t signature r	rec jired wh	nen reinstating			DATE	. 			
12.		FFICERS AN)			13.			ADDIT	NS/CHANG	ES TO OF	FICERS	ANE) DIR	ECTO	RS IN 12
TITLE	PD		□ DEI	ETE	1.1 TITLE		Γ						Ch	ange	☐ Addition
NAME	WALKER, DANNY C) .		Į.	1.2 NAME		Į								
STREET ADDRESS	DT 4 DOV 004				1.3 STREE	ADDRESS									
CITY-ST-ZIP	BRANFORD FL				14 CITY-S	T- <i>Z</i> IP									
TITLE	D		□ DEI		2.1 TITLE		†						Ch	ange	Addition
Į	WALKER, SANDRA	Δ			2.2 NAME		1								
NAME	RT 1, BOX 381	Λ.				ADDRESS									
STREET ADDRESS	BRANFORD FL														
CITY-ST-ZIP	DRANFURD FL		□ DEI		2. 4 CITY-S 3.1 TITLE	1-ZIP	 						□ Ch	ange	Addition
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CITY-ST-ZIP				•	5.4 CITY-S	T-ZIP			_						
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NAME					6.2 NAME	:	1								
owell.					63STREE	TADDRESS									

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-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 trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attact ment with an address, with all other like empowered.