

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24354

1. Entity Name

WALKER INDUSTRIES, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90004 040 \*\*\*150.00

Principal Place of Business

% JOHN L. WALKER  
7208 MASSACHUSETTS STREET  
PANAMA CITY FL 32404

Mailing Address

% JOHN L. WALKER  
7208 MASSACHUSETTS STREET  
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2803423

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

WALKER, CAROLYN J.  
7208 MASSACHUSETTS STREET  
PANAMA CITY FL 32404

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete  
NAME WALKER, JOHN L.  
STREET ADDRESS 7208 MASSACHUSETTS ST.  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME WALKER, CAROLYN J.  
STREET ADDRESS 7208 MASSACHUSETTS ST.  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Jul 00 8508713681  
Date Daytime Phone #

Attachment  
D#J243541  
DUU75075

July 21, 2000

Florida Department of State  
P.O. Box 1500  
Tallahassee, FL 32302-1500

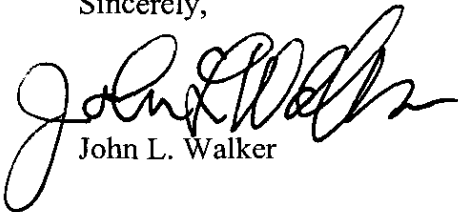
Taxpayer Identification 59-3315855

To Whom It May Concern:

I am requesting an abatement of penalty charged to my account. This was not a deliberate disregard of timely filing and paying Corporate renewal fees. My wife, who was taking care of corporate business, has a long-term illness and I am trying to handle the corporation's paperwork the best I can.

I do not recall receiving the renewal notice and I was unaware of the corporate fee being due. If you can please help me I will make sure this is paid timely in the future.

Sincerely,



John L. Walker