

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|---|

DOCUMENT # J31334 (2)
 1. Corporation Name
MARK WALTERS CONSTRUCTION COMPANY, INC.

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|--|--|
| Principal Place of Business 5919 S.E. 60TH ST., STE #109 POST OFFICE BOX 531 Ocala FL 32678 | Mailing Address 5919 S.E. 60TH ST., STE #109 POST OFFICE BOX 531 Ocala FL 32678 |
|--|--|

APPROVED AND FILED
 95 APR 27 AM 8:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|---------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 07/24/1986 | 05/24/1994 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For / Not Applicable |
| 22 | 27 | 59-2728147 | |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 34478 | 25 | 29 34478 | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent
WALTERS, MARK A.
1130 S.E. 14TH TERRACE
OCALA FL 32672

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
1518 S.E. 12th St.
 B3
 B4 City **OCALA** FL B5 Zip Code **34472**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALTERS, MARK A. | 1.2 NAME | |
| STREET ADDRESS | 1518 SE 12TH ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | OCALA FL | 1.4 CITY - ST - ZIP | |
| TITLE | ST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALTERS, MICHELE R. | 2.2 NAME | |
| STREET ADDRESS | 1518 SE 12TH ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | OCALA FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(M), 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 that job is an attachment with an address.

SIGNATURE:  **MARK WALTERS**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR **PRES.**
 Date: **4-24-95** Date **904-245-1117** (Typed Here)