

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90059 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # J49190**

1. Corporation Name

**LUNDSTROM, WALKER & ASSOCIATES, INC.**

Principal Place of Business

**% 524 PILAKLAKAHA AVENUE  
 AUBURNDALE FL 33823  
 US**

Mailing Address

**% 524 PILAKLAKAHA AVENUE  
 AUBURNDALE FL 33823  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1986**

4. FEI Number

**59-2765968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WALKER, LINDA C  
 524 PILAKLAKAHA AVENUE  
 AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

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

*Linda Walker*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-21-99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, LINDA C	PRESIDENT
STREET ADDRESS	106 PERRY AVE	DIRECTOR
CITY-ST-ZIP	AUBURNDALE FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, LEONARD D	SECRETARY
STREET ADDRESS	106 PERRY AVE	DIRECTOR
CITY-ST-ZIP	AUBURNDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Leonard D. Walker and	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Linda C. Walker As Trustees of the	
1.3 STREET ADDRESS	Revocable Trust Agreement of	
1.4 CITY-ST-ZIP	Leonard D. Walker and Linda C. Walker	
2.1 TITLE	Dated August 31, 1998	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	106 Perry Avenue	
2.3 STREET ADDRESS	Auburndale, FL 33823	
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Linda Walker*

Date

Daytime Phone #

**941/967-1161**

CR2E034 (11/98)