

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

**APPROVED AND FILED**

95 MAY -1 AM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DOCUMENT # J92499 (9)**  
 1. Corporation Name  
**WALTER PRESLEY, INC.**

Principal Name & Address: **CHARLES W. WEBB, 20 CHURCH STREET, OSPREY FL 34229**  
 Mailing Address: **CHARLES W. WEBB, 20 CHURCH STREET, OSPREY FL 34229**

DO NOT WRITE IN THIS SPACE

2. Principal Officer of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/11/1987	04/28/1994
22. State, Apt # or City & State		27. State, Apt # or City & State		4. FFI Number	Applied For / Not Applicable
23		28		65-0037248	
24. Zip		25. County	29. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under § 199(3)(2), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEBB, CHARLES W. 2172 HILLVIEW STREET SARASOTA FL				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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: \_\_\_\_\_ (AT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP PRESLEY, WALTER A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESLEY, WALTER A.	1.2 NAME	
STREET ADDRESS	20 CHURCH STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	OSPREY FL	1.4 CITY, ST, ZIP	
TITLE	DST PRESLEY, KATHLEEN F.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESLEY, KATHLEEN F.	2.2 NAME	
STREET ADDRESS	20 CHURCH STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	OSPREY 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, DP, hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 130.02(3)(b), Florida Statutes. I have read and certify that the information included 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: *Kathleen Presley* KATHLEEN F. PRESLEY 4.1.95 8139661239  
 (Date) (System Provided)