

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montanari
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:04

DOCUMENT # **K02168** (8)
1. Corporation Name
BARBARA L. WALTHER CORP.

Principal Place of Business Mailing Address
P.O. BOX 510263 MELBOURNE BEACH FL 32951-0263 **P.O. BOX 510263 MELBOURNE BEACH FL 32951-0263**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1987	3a. Date of Last Report 03/16/1994
21	Suite, Apt. #, etc.		26	4. FEI Number 59-2890766	Applied For Not Applicable
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NASH, CHARLES IAN 930 S. HARBOR CITY BLVD SUITE 505 MELBOURNE FL 32901				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTHER, BARBARA L	1 2 NAME	
STREET ADDRESS	3112 RIVER VILLA WAY	1 3 STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE BEACH FL	1 4 CITY- ST- ZIP	
TITLE	VS	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTHER, NANCY A.	2 2 NAME	
STREET ADDRESS	131 NORTH FOURTH STREET	2 3 STREET ADDRESS	242 Victoria Place
CITY- ST- ZIP	WAYNESVILLE OH	2 4 CITY- ST- ZIP	Waynesville, OH 45058
TITLE	V	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTHER, NICHOLAS A.	3 2 NAME	
STREET ADDRESS	3220 RVR VILLA WAY #131	3 3 STREET ADDRESS	3112 River Villa Way
CITY- ST- ZIP	MELBOURNE BEACH FL	3 4 CITY- ST- ZIP	Melbourne Bch, FL 32951
TITLE	V	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSWAN, LINDA	4 2 NAME	
STREET ADDRESS	2147 18TH AVE COURT	4 3 STREET ADDRESS	1804 24th St
CITY- ST- ZIP	GREELEY CO	4 4 CITY- ST- ZIP	Greeley, CO 80631
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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that this 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.

SIGNATURE: Barbara L. Walther **3/24/95** **407-733-4953**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR