

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K19477** (4)

1. Corporation Name

**WALKER MARINE SERVICE, INC.**

Principal Place of Business

% FLOYD R. GRAHAM  
150 AZALEA DR  
DESTIN FL 32541

Mailing Address

% FLOYD R. GRAHAM  
150 AZALEA DR  
DESTIN FL 32541



2. Principal Place of Business

2a. Mailing Address

21 150 Azalea Dr  
Suite, Apt. #, etc.

26 150 Azalea Dr  
Suite, Apt. #, etc.

22 City & State  
Destin FL

27 City & State  
Destin FL

23 Zip  
32541

28 Zip  
32541

24 Country  
OKA

29 Country  
OKA

9. Name and Address of Current Registered Agent

GRAHAM, FLOYD R.  
150 AZALEA DR  
DESTIN FL 32541

3. Date Incorporated or Qualified

03/29/1988

3a. Date of Last Report

01/24/1995

4. FEI Number

59-2879942

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

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

Signature, typed or printed name of registered agent and date of filing (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
D GRAHAM, FLOYD R.  
P O BOX 5594 (N/A)  
DESTIN FL  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
D GRAHAM, BARBARA J.  
P O BOX 5594 (N/A)  
DESTIN FL  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)