FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 27 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53015 (9)

1. Corporation Name
WALBOR, INC.

Principal Place of Business	Mailing Address
708 AMY LANE EAU CLAIRE WI 54701 US	708 AMY LANE EAU CLAIRE WI 54701 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3353 WESTHAVEN CT	26 3353 WESTHAVEN CT.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 EAU CLAIRE, WI	City & State 28 EAU CLAIRE, WI
Zip / Country 24 54701 / 25 USA	Zip / Country 29 54701 / 30 USA

4. FEI Number: 65-0132487 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, ANNE L 27046 KINDLEWOOD LANE BONITA SPRINGS FL 33923	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 ANNE L. WALKER Anne L. Walker 3-20-95
Signature, 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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WALKER, JAMES	1.2 NAME	JAMES WALKER	
STREET ADDRESS	708 AMY LANE	1.3 STREET ADDRESS	3353 WESTHAVEN COURT	
CITY-ST-ZIP	EAU CLAIRE WI 54701	1.4 CITY-ST-ZIP	EAU CLAIRE, WI 54701	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, ANNE	2.2 NAME		
STREET ADDRESS	27046 KINDLEWOOD LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	WALKER, JAMIE	3.2 NAME	JAMIE WALKER	
STREET ADDRESS	1004 CALIBRE PKWY	3.3 STREET ADDRESS	135 AINSWORTH LANE	
CITY-ST-ZIP	ROSWELL GA 30076	3.4 CITY-ST-ZIP	ROSWELL GA 30075	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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.

SIGNATURE: Anne L. Walker ANNE L. WALKER 3-20-95 (715) 833-2497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0480384 PN