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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K85971** **(5)**

1. Corporation Name

WALKER & KOEGLER, P.A.

Principal Place of Business	Mailing Address
% STEVEN C. KOEGLER P.O. BOX 550587 JACKSONVILLE FL 32255-0587	% STEVEN C. KOEGLER P.O. BOX 550587 JACKSONVILLE FL 32255-0587

2. Principal Place of Business	2a. Mailing Address
21 10151 Deerwood Park Blvd	26 No change
Suite, Apt. #, etc. 22 Bldg 100 Suite 200	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FL	City & State 28
Zip / Country 24 32256 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/05/1989**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2944090** ☐ 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

KOEGLER, STEVEN C.
4655 SALISBURY ROAD
SUITE 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10157 Deerwood Park Blvd
83 Bldg 100 Suite 200
84 City Jacksonville **FL** 85 Zip Code 32256

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is altered)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	WALKER, JAMES V.		1.2 NAME		
STREET ADDRESS	4655 SALISBURY RD.		1.3 STREET ADDRESS	10151 Deerwood Park Blvd, Bldg 100, Suite 200	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	KOEGLER, STEVEN C.		2.2 NAME		
STREET ADDRESS	4655 SALISBURY RD.		2.3 STREET ADDRESS	10151 Deerwood Park Blvd, Bldg 100, Suite 200	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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)(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: Steven C. Koegler Steven C. Koegler 4/2/96 998-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)