

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000200
1. Entity Name
 WAL, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business **Mailing Address**
 4423 NORTSHORE ROAD 4423 NORTSHORE ROAD
 LYNN HAVEN FL 32444 LYNN HAVEN FL 32444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-3118694 Applied For
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PEEL, COLBY
 4423 NORTSHORE ROAD
 LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent
 Name Peel Colby
 Street Address (P.O./Box Number is Not Acceptable) 1314 Jackson AVE.
 City Chipley FL Zip Code 32428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, GENE B 4423 NORTSHORE ROAD LYNN HAVEN FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEISZ, JEROME P P.O. BOX 727 VERNON FL 32462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003408464--6 -09/28/00--01031--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: H. SIGNATURE REQUIRED Gene B. Williams 9/13/2000 850-265-5493
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)