

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L26597** (9)

1. Corporation Name

WALKER & RICHARDS ASSOCIATES, INC.



Principal Place of Business

**104 PINE STREET
HOMOSASSA FL 34446
US**

Mailing Address

**104 PINE STREET
HOMOSASSA FL 34446
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CHARLES W. BELT
104 PINE STREET
HOMOSASSA FL 34446**

3. Date Incorporated or Qualified

10/30/1989

3a. Date of Last Report

04/03/1995

4. FEI Number

59-2975011

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 of Registered Agent or Registered Agent in Charge

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**PD
BELT, CHARLES W.
104 PINE ST SMW
HOMOSASSA FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**D
BERNET, GERALD R.
271 N. FREEMONT RD
COLDWATER MI**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

☐ Change

☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

☐ Change

☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

☐ Change

☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

☐ Change

☐ Addition

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:

Charles W. Belt **CHARLES W. BELT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96
DATE

352-382-4855
TELEPHONE NUMBER

CR2E034 (12/95)