


FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L92642  
1. Corporation Name  
WINNIE WALKER, INC.

(2)

Principal Place of Business  
505 N DEL PRADO BLVD  
1500 COLONIAL BLVD.  
CAPE CORAL FL 33909  
US

Mailing Address  
505 N DEL PRADO BLVD  
CAPE CORAL FL 33909-2244  
US

3. Date Incorporated or Qualified  
08/07/1990

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 1411 SE 10th ST.  
Suite, Apt. #, etc.  
22  
City & State  
23 Cape Coral, FL  
Zip  
24 33990  
Country  
25 USA

2a. Mailing Address  
26 1500 COLONIAL BLVD  
Suite, Apt. #, etc.  
27 SUITE 103  
City & State  
28 FORT MYERS, FL  
Zip  
29 33907  
Country  
30 USA

4. FEI Number  
65-0227933

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  
MILLIGAN, JOHN P., JR.  
1500 COLONIAL BLVD  
FT MYERS FL 33907

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME ANDERSON, NANCY J  
STREET ADDRESS 5205 SUNSET COURT  
CITY-ST-ZIP CAPE CORAL FL  
TITLE D  
NAME ANDERSON, WINSTON R.  
STREET ADDRESS 5205 SUNSET COURT  
CITY-ST-ZIP CAPE CORAL FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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.