## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**FILED** May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name L92642 WINNIE WALKER, INC. Principal Place of Business Mailing Address 1411 SE 10TH ST 1500 COLONIAL BLVD CAPE CORAL FL 33990 STE #103 DO NOT WRITE IN THIS SPACE FT MYERS FL 33907 3. Date Incorporated or Qualified 08/07/1990 2. Principal Place of Business Mailing Address Applied For 26 65-0227933 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 □ No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name **Milligan, John P., Jr.** 1500 COLONIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33907 83 84 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 apent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ANDERSON, NANCY J NAME 12 NAME 5205 SUNSET COURT STREET ADDRESS 1.3 STREET ADDRESS Cape Coral FL CITY-ST-ZIP 14 City-St-7IP TITLE DELETE 2.1 TITLE Change Addition ANDERSON, WINSTON R. NAME 2.2 NAME **5205 SUNSET COURT** STREET ADDRESS 2.3 STREET ADDRESS Cape Coral Fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 1/TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Change

Addition

DELETE