

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90017 027 \*\*\*150.00

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DOCUMENT # M78180

1. Corporation Name  
CONDEV/WALKER, INC.



Principal Place of Business  
2479 ALOMA AVE  
~~SUITE 200~~  
WINTER PARK FL 32792  
US

Mailing Address  
PO BX 1748  
~~P.O. BOX 3440~~  
WINTER PARK FL 32790  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 2479 ALOMA AVE  
Suite, Apt. #, etc.  
22  
City & State  
23 WINTER PARK, FL  
Zip  
24 32792  
Country  
25

2a. Mailing Address  
26 P.O. BOX 1748  
Suite, Apt. #, etc.  
27  
City & State  
28 WINTER PARK, FL  
Zip  
29 32790  
Country  
30

3. Date Incorporated or Qualified  
04/27/1988  
4. FEI Number  
59-2883651  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution  
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARDNER, ROBERT N  
2487 ALOMA AVE  
~~SUITE 200~~  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2479 ALOMA AVE  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/1/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	GARDNER, JOSEPH	2487 ALOMA AVE STE 200	WINTER PARK FL 32792	<input type="checkbox"/>
DV	GARDNER, ROBERT N	2487 ALOMA AVE SET 200	WINTER PARK FL 32792	<input type="checkbox"/>
D	WALKER, R LANCE	931 N PENNSYLVANIA AVE	WINTER PARK FL 32789	<input type="checkbox"/>
D	FISHER, JOSEPH A III	931 N PENNSYLVANIA AVE	WINTER PARK FL 32789	<input type="checkbox"/>
DT	SECRIST, ROBERT L JR.	1025 WILKINSON ST.	ORLANDO FL 32803	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2479 ALOMA AVE		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		2479 ALOMA AVE		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 407.679.1748

Date

Daytime Phone #

CR2E034 (11/98)