FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:18

DOCUMENT # N94000005221 (6)

1. Corporation Name

WALKER INFORMATION AND EDUCATIONAL INSTITUTE, IN C.

Principal Place of Business	Mailing Address
6883 NE 79TH TERRACE WILDWOOD FL 34785	6883 NE 79TH TERRACE WILDWOOD FL 34785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report: n/a
4. FEI Number: 59-3289722 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 6883 NE 79th Ter	2a. Mailing Address 26 6883 NE 79th Ter
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Wildwood, FL 34785	City & State 28 Wildwood, FL 34785
Zip / 24 / County / 25 USA	Zip / 29 / County / 30 USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, SCOTT S 527 E. UNIVERSITY AVE. GAINESVILLE FL 23602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, KEITH E	1.2 NAME	
STREET ADDRESS	6883 NE 79TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, CATHERINE M	2.2 NAME	
STREET ADDRESS	6883 NE 79TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, LILA M	3.2 NAME	
STREET ADDRESS	6883 NE 79TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott Walker 6-2-95 904 748 6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069402