DOCUMENT # P0000022448  1. Entity Name C. H. WALKER, INC.							1 lary		
						FILED			
Principal Place of Business 8855 HEAVENGATE LANE JACKSONVILLE FL 32257			Mailing Address 8855 HEAVENGATE LANE JACKSONVILLE FL 32257			OI SEP 25 AM 10: 56 SECRETARY OF STATE TALLAHASSEE: FLORIDA			
2. Principal P	Place of Business		3. Mailing Address			-		ı	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Stat	e		City & State				FEI Number Applied For Sq - 363 0069 Not Applicab		
Zip Country		ntry	Zip	Zip Country			Certificate of Status Desired \$8.75 Additional Fee Required		
6Name and Address of Current			Registered Agent-		Name		7. Name and Address of New Registered Agent		
8855 HEA	CLYDE H AVENGATE LANE AVILLE FL 32257			<u></u>	Street Address	(P.O. E	Box Number is Not Acceptable)  FL Zip Code		
8. The above		ts this statement for the			d office or register.  Agent signature require		gent, or both, in the State of Florida.		
This corporation is eligible to satisfy its Intangible     Tax filling requirement and elects to do so.     (See criteria on back)			FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta				10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees	1	
11, 1	PSTD	OFFICERS AND DI		12.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	⇉.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALKER, CLYDE H		☐ Delete	NAME STREET CITY-S	I ADDRESS ST-ZIP			on i	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.			□ Delete	TITLE NAME STREET CITY-S	T ADDRESS		☐ Change ☐ Additio	7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME	ADDRESS	·····	☐ Change ☐ Additio	n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Delete	TITLE NAME	ADDRESS		☐ Change ☐ Additio	n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4		☐ Delete	TITLE NAME	ADDRESS		☐ Change ☐ Addition	n	
TITLE NAME			☐ Delete	TITLE NAME	ADDRESS		☐ Change ☐ Addition	1	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

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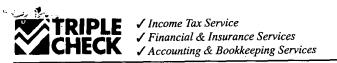
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320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

September 14, 2000

Division of Corporations Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

Re: Profit Corporation Annual Report

Document P00000022448 - C.H. Walker, Inc.

Dear Sir/Madam,

Please see the attached Uniform Business Report for our client listed above. We are requesting you accept their payment of \$150.00, for the year 2001.

Mr. Walker, President of the above Corporation, did not receive the first report for the 2001 registration period. Mr. Walker has always been very conscientious about paying all fees due timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Uniform Business Report

Check #1116