

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000139844

1. Entity Name
T.R. WALKER GENERAL CONTRACTORS, INC.



Principal Place of Business
23 TOMOKA PL
SUMMERFIELD, FL 34491

Mailing Address
PO BOX 806
OCALA, FL 34478

FILED

04 NOV -3 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
240 SE 6th St.

3. Mailing Address

Suite, Apt. #, etc.
Ocala, FL

Suite, Apt. #, etc.

City & State
34471

City & State

Zip

Country

Zip

Country

4. FEI Number
16-1689283

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, TODD R
23 TOMOKA PL
SUMMERFIELD, FL 34491

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME WALKER, TODD R
STREET ADDRESS 23 TOMOKA PL
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE ☐ Change ☐ Addition
NAME 300042437283
STREET ADDRESS 11/03/04--01039--006
CITY-ST-ZIP **158.75

TITLE DV ☐ Delete
NAME WALKER, GABRIELLE J
STREET ADDRESS 23 TOMOKA PL
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

10/26/04

Date

Daytime Phone #