

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:32

**DOCUMENT # P28248 (3)**

1. Corporation Name

**WALNUT GROVE AUCTION SALES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 226  
ROEBUCK SC 29076

P.O. BOX 226  
ROEBUCK SC 29076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/23/1990**

3a. Date of Last Report

**04/18/1994**

4. FEI Number

**57-0440843**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

City & State

City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Does corporation have liability for information tax under s. 199.002  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MC,FARLANE, STERNSTEIN, WILEY & CASSEDY  
215 S MONROE ST  
SUITE 600  
TALLAHASSEE FL 32316-2174**

10. Name and Address of New Registered Agent

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 607.1408, Florida Statutes, the above named corporation warrants 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 of Registered Agent

Signature of Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

|       |                |                               |
|-------|----------------|-------------------------------|
| 12.1  | NAME           | PD<br>HARRISON, LEWIS         |
| 12.2  | STREET ADDRESS | P O BOX 226 N/A<br>ROEBUCK SC |
| 12.3  | CITY, ST, ZIP  |                               |
| 12.4  | NAME           | VD<br>CHRISTOPHER, WENDELL    |
| 12.5  | STREET ADDRESS | P O BOX 226 N/A<br>ROEBUCK SC |
| 12.6  | CITY, ST, ZIP  |                               |
| 12.7  | NAME           | SD<br>CHRISTOPHER, MARY JO    |
| 12.8  | STREET ADDRESS | P O BOX 226 N/A<br>ROEBUCK SC |
| 12.9  | CITY, ST, ZIP  |                               |
| 12.10 | NAME           | TD<br>HARRISON, NANCY         |
| 12.11 | STREET ADDRESS | P O BOX 226 N/A<br>ROEBUCK SC |
| 12.12 | CITY, ST, ZIP  |                               |
| 12.13 | NAME           |                               |
| 12.14 | STREET ADDRESS |                               |
| 12.15 | CITY, ST, ZIP  |                               |
| 12.16 | NAME           |                               |
| 12.17 | STREET ADDRESS |                               |
| 12.18 | CITY, ST, ZIP  |                               |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

|       |                |                                                                   |
|-------|----------------|-------------------------------------------------------------------|
| 13.1  | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2  | NAME           |                                                                   |
| 13.3  | STREET ADDRESS |                                                                   |
| 13.4  | CITY, ST, ZIP  |                                                                   |
| 13.5  | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6  | NAME           |                                                                   |
| 13.7  | STREET ADDRESS |                                                                   |
| 13.8  | CITY, ST, ZIP  |                                                                   |
| 13.9  | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 | NAME           |                                                                   |
| 13.11 | STREET ADDRESS |                                                                   |
| 13.12 | CITY, ST, ZIP  |                                                                   |
| 13.13 | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 | NAME           |                                                                   |
| 13.15 | STREET ADDRESS |                                                                   |
| 13.16 | CITY, ST, ZIP  |                                                                   |
| 13.17 | NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 | NAME           |                                                                   |
| 13.19 | STREET ADDRESS |                                                                   |
| 13.20 | CITY, ST, ZIP  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the registration stated in Sections 199.02(6)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registration 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 make this report as required by Chapter 199, Florida Statutes, and that my name appears on the filing of this report. If changed, or to be attached with an address.

SIGNATURE:

*Sandra B. Morham*  
SECRETARY OF STATE

6-27-95

843-576-9244