CO. CARTION ANNUAL REPORT 1998



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000011187 (0)

WALK ON IT, INC.

1

FILED Apr 09 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		- II	
11552 E. TAMIAMI TRAIL		11552 E TAMIAM TRAIL			
NAPLES FL 33962		NAPLES DA 3962			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
6 Principal C	Dings of Dispinance	0- 14-9:		02/12/1993	···
	Place of Business Forest Hills BLVD	2a. Mailing Address	- ATIS KIND	4. FEI Number	Applied For
Sulte, Apt. #, etc.		26 247 FOREST ATUS BLUD Suite, Apl. #, etc.		65-0387568	Not Applicable
22	w, 610.	 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Θ	City & State	_	6 Flatin Compain Figure	
23 NAP	oles, fla	City & State 28 NAPLES, P		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip341	13 Collier	^{7ip} 34/13	Country	8. This corporation owes or has paid the cu	
24 241	13 25 00// 60	1==1	30 Collier		¥Yes □ No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent TOOMAN, U.B.A. TAMBAY I					
TUGINAN, JULA LAMMY L				homas UNLA	
11552 E. TAMIAMI TRAIL			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
NAPLES FL 33982			83 -	FOUNT HILLS BEVER.	
			os Na	ples, FIA 34113	
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0002 and 607 1508. Florida Statutes, the above-pamed correction 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 min, and accept the guigations of, Section 607.0505, Florida Statutes.					
SIGNATURĒ	Signature, typnd or printed name of regionered agent	and title if applicable (NOTE	Registered Agent signature requ	ired when reinstating) DATE	
12.	O(FICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	Р	X L DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOQMAN JULA, TAMMY L	,	1.2 NAME		
STREET ADDRESS	1747 BEVERLY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY - ST - ZIP		
TITLE	8	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOOMAN JULA, TAMMY L	•	2.2 NAME		
STREET ADDRESS	1/74Z BEYERLY DR.		2 3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES EL 33962		2. 4 CITY-ST-ZIP		
TITLE	1	54 DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	TOOMAN JULA; TAMMY L	•	3.2 NAME		
STREET ADDRESS	1747-BEVÉRLY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLÉS FL-63962		3.4. CITY+ST-ZIP		
TITLE	Thomas ULA	☐ DELETE	4.1 TITLE		Change Addition
NAME	247 FOREST HILLS	BLVO.	4 2 NAME		
STREET ADDRESS	Naples FIR 341	/3	4.3 STREET ADDRESS		İ
CITY-ST-ZIP	Presurent		4.4 CITY+ST-ZIP		
TITLE		□ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	÷	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	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 hereby o	certify that the information supplied with	this thing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information

indicated on this annual report or supplemental annual return does not qualify for the exemption stated in section 119.07(3)(f), Florida statutes. Turther certify 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.

941-175-1036