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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000053814 (8)

1. Corporation Name
D & J WALSH, INC.

Principal Place of Business

SPACE F-20 OAKS MALL
6253 NEWBERRY RD
GAINESVILLE FL 32605

Mailing Address

SPACE F-20 OAKS MALL
6253 NEWBERRY RD
GAINESVILLE FL 32605-4305



2. Principal Place of Business

21 7430 NW 176 ST

Suite, Apt. #, etc.

22

City & State

ALACHUA FL

23

Zip

32615

Country

U.S.A

24

2a. Mailing Address

26 7430 NW 176 ST

Suite, Apt. #, etc.

27

City & State

ALACHUA - FL

28

Zip

32615

Country

U.S.A

30

9. Name and Address of Current Registered Agent

WALSH, DAVID S

6253 NEWBERRY RD OAKS MALL
GAINESVILLE FL 32605

WALSH DAVID S

7430 NW 176 ST
ALACHUA
FL 32615

* SEE CHANGE OF ADDRESS

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3205697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

DAVID S. WALSH

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

7430 NW 176 ST

83

84 City

ALACHUA

FL

85 Zip Code

32615

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WALSH, DAVID

STREET ADDRESS SPACE F-20 OAKS MALL 6253 NEWBERRY RD

CITY, ST, ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME 7430 NW 176 ST

STREET ADDRESS ALACHUA - FL 32615

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

100002175871

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***165.00

OS
5/7/97

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

[Signature]

30 APR 97

9044627532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)