## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT

CHTY - ST - ZIP

STREET ADDRESS

14. I do hereby certify that the information supplied with the information supplied with the control end of the control end of

information indicated on this annual report or supplied Lart an officer or director of the corporation of

CITY - ST - 7/E

THEF NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000075886 NEW WWE PALM HAVEN CONSTRUCTION CO., INC.

WALZ & COMPANY OF SEBRING, INC. Mailing Address 4115 LAFAYETTE AVE 4115 LAFAYETTE AVE SEBRING FL 33872 SEBRING FL 33872-4933 US 3a. Date of Last Report 3. Date Incorporated or Qualified 11/02/1993 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0455055 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JAMES F. MCCOLLUM, P.A. 129 SOUTH COMMERCE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 **B3** 84 City Zip Code 85 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 if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signarize typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. DELETE 1.1 TITLE Change THE WALZ, NORBERT A NAM? 1.2 NAME **4115 LAFAYETTE AVE** STREET ADDRESS 1.3 STREET ADDRESS SEBRING FL 33872 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change TIL.F DELETE 2.1 TITLE WALZ, JOANN NAME 2.2 NAME 4115 LAFAYETTE AVE STREET ACORESS 2.3 STREET ADDRESS SEBRING FL 33872 CHY-ST-ZIP 2.4 DITY-ST-ZIP ☐ Change Addition **DELETE** 3.1 TITL€ TITLE KNOTT, MICHAEL NAME 3.2 NAME 4420 KENICWORTH BLVD 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C014 - S1 - ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP Change Addition DELETE THE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY- \$1-2IP

**6 3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

tual raport is true and accurate and that my signature shall have the same legal effect as if made under eath; that ruster propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block SIGNATURE:

DELETE

9000021461**29**ange -04/17/97--01026--062

\*\*\*165.00

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

**FILED** 

Apr 16 1997 8:00am

Secretary of State