FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
FILED
95 MAY -1 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079746 (2)

1. Corporation Name

D.W. WALTERS ENTERPRISES, INC.

Principal Place of Business
804 LOUIS AVE.
LEHIGH ACRES FL 33936

Mailing Address
804 LOUIS AVE.
LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1993
3a. Date of Last Report: 06/15/1994
4. FEI Number: 65-0205295 — 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

2. Principal Place of Business
21 1699 Joel BLVD
Suite, Apt #, etc
22
City & State
23 Lehigh Acres, Fl.
Zip
24 33970
Country
25 Lee

2a. Mailing Address
26 PO Box 895
Suite, Apt #, etc
27
City & State
28 Lehigh Acres, FL
Zip
29 33970
Country
30 Lee

9. Name and Address of Current Registered Agent

WALTERS, DARREL W
804 LOUIS AVE.
LEHIGH ACRES FL 33936

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 607.1508, 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALTERS, DARREL W SR.
STREET ADDRESS	804 LOUIS AVE.
CITY ST ZIP	LEHIGH ACRES FL
TITLE	V
NAME	DURKEE, LONNIE
STREET ADDRESS	21571 N. RIVER RD.
CITY ST ZIP	ALVA FL
TITLE	T
NAME	WALTERS, KATHY L
STREET ADDRESS	804 LOUIS AVE
CITY ST ZIP	LEHIGH ACRES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Darrel W. Walters — 5/1/95 — 813-368-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491704 FP