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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P93000079746

1. Corporation Name

D.W. WALTERS ENTERPRISES, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90224 006 ***150.00

D.W. WA	LTERS ENTERPHISES, INC.					
Principal Place	e of Business	Mailing Address		1 18811881 118 19100 1111 0011 0011 0011	#### ##### #### ######################	,,
1699 JOEL BLV	D	P O BOX 895				
EHIGH ACRES FL 33972		LEHIGH ACRES FL 33970			T. 110 CD 4 OF	
JS		US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
		1 6 8 11 1 8 11 1 1 1		11/18/1993 4. FEI Number	Applied For	
¬ '	ace of Business	2a. Mailing Address		59-320		10
1		Suite, Apt. #, etc.		- Jav	\$8.75 Additional	
Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required	
2 City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	_
3		28		Trust Fund Contribution	Added to Fees	ł
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible	
4	25	⊢	30	Personal Property Tax.	∐Yes □No	
<u></u>	9. Name and Address of Current			10. Name and Address of New Regist	ered Agent	
			81 Name	1/11. 1 11-140	~~	
	TERS, DARREL W		82 Street A	Address (P.O. Box Number is Not Acceptable)	/	
	LOUIS AVE.		Juleet 7	804 LOUIS AV		
LEHI	GH ACRES FL 33936		83	1-111	22071	
			04 07	Lehigh Acres	33972 = 85 Zip Code	[
			84 City	•	FL S POOL	
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statute	es, the above-named of	corporation submits this statement for the purpo	se of changing its registered	3 L
office or r	m familiar with, and accept the obligat	ions of, Section 607.0505, Floi Waltus	ithorized by the corporida Statutes.	ration's board of directors. Thereby accept the		
office or n agent. I a SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Floi Land title if applicable. (NOTE	ida Statutes. Registered Agent signature re	reation's poard of directors. Thereby accept the acquired when reinstating)	TE	
office or n agent. I a SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS AN	ions of, Section 607.0505, Flor Land title if applicable. (NOTE D DIRECTORS	Inorized by the corporida Statutes. Registered Agent signature re	ration's board of directors. Thereby accept the	TE RS AND DIRECTORS IN 12	
office or r agent. I a SIGNATURE 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI	ions of, Section 607.0505, Floi Land title if applicable. (NOTE	Registered Agent signature re 13. 1.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECTORS IN 12 Change ☐ Addi	
office or ragent. I a SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI P WALTERS, DARREL W SR.	ions of, Section 607.0505, Flor Land title if applicable. (NOTE D DIRECTORS	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	oquired when reinstating) ADDITIONS/CHANGES TO OFFICEF Oarse L. W. Walter	TE RS AND DIRECTORS IN 12 Change ☐ Addi	
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office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed agent of registered agent of FICERS ANI P WALTERS, DARREL W SR. 804 LOUIS AVE. LEHIGH ACRES FL VP WALTERS, KATHY L 804 LOUIS AVE LEHIGH ACRES FL	ions of, Section 607.0505, Flo Land title if applicable. (NOTE) D DIRECTORS DELETE DELETE DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	parel W. Walter. 804 Louis Av Lehigh Acres, In 804 Louis Av Lehigh Acres, In 804 Louis Av Lehigh Acres, In Lehigh Acres, In Lehigh Acres, In 804 Louis Av Lehigh Acres, In	S AND DIRECTORS IN 12 Change Addi S S r, A 33972 Change Addi Change Addi	tion tion
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14. I 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

941-368-1330 Daytime Phone #

KZEU34 (11/98)