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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT # **P9400000334 (0)** 

WALKER REALTY OF NORTH FLORIDA, INC.

## **FILED** May 16 1997 8:00am Secretary of State

Principal Place of Business 5810 S.W 122ND LANE MICANOPY FL 32867		Malling Address	Malling Address			r emmiden ein ichter mehrt moter Worte Matri mater Wolte Wolte verfie beiter feint feint budt			
		5810 S.W 122ND LANE MICANOPY FL 32667-9761							
						3. Date Incorporated or Qualified 12/22/1993	3a. Date 04/02	of Last R	eporl
2. Principal Plac	ce of Business	2a, Mailing Address	S			4. FEI Number			plied For
21		26		: _		59-3222076		No	t Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 / Fee Re	Additional equired
City & State		City & State		:		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip <b>29</b>	30	ountry	,	8. This corporation has liability for it Florida Statutes	ntangible tax		199.032,
	9. Name and Address of Curr	rent Registered Agent		$\prod_{i=1}^{n}$		10. Name and Address of New Reg	Istered Age	ent	
WALK	CER, STEVEN T			81	Name				
5810 S.W 122ND LANE MICANOPY FL 32667				82	Street Add	lress (P.O. Box Number is Not Acceptab	e)		<del></del>
	1107 1 12 02007			83	,				
	•			84	City		FL	35 Zip (	Code
SIGNATURE	gnature, typed or printed name of registered			ored Agr		poration submits this statement for the pition's board of directors. I hereby accepted when reinstates  ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	D OFFICENS A		DELETE 1.1			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME STREET ADDRESS	WALKER, STEVEN T 5810 S.W. 122 LANE		1.2	1.2 NAME 1.3 STREET ADDRESS			<b>L</b> a-	Change	L. Adoller
1	MICANOPY FL 32667								
CITY-ST-ZIP	MIGHUTOF I FL 32007	DELE		I OTY-S	01-ZIP			Change	Addition
NAME				NAMÉ	}		_	Ottorige	☐ Vacation
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4 QITY	1				
TITLE	☐ DELETE			3.1 TITLE				Change	Addition
NAME				NAME	Ì			٠	
STREET ADDRESS				- 1	ADDRESS				
CITY-ST-ZIP				. CITY-	ST-ZIP				
TITLE	DELETE		TE 4.	4.1 TITLE			L	Change	Addition
NAME			4.	2 NAME	{				
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	ST - ZIP				
TITLE		☐ DELE	TE 5:	TITLE				Change	Addition
NAME			5.3	NAME	1				
STREET ADDRESS			5.3	STREET	ADORESS				

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 apcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of 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.

61 THILE 6.2 NAME

STREET ADDRESS

DELETE

Change

Addition