

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000009134 (5)

1. Corporation Name

GARY WALTERS & ASSOCIATES, INC.



Principal Place of Business

12 CROOKED TREE TRAIL
ORMOND BEACH FL 32174

Mailing Address

12 CROOKED TREE TRAIL
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 27 S. Orchard St.

26 27 S. Orchard St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

City & State

City & State

23 Ormond Beach, FL

28 Ormond Beach, FL

Zip

Country

Zip

Country

24 32174

25 USA

29 32174

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTERS, GARY R
12 CROOKED TREE TRAIL
ORMOND BEACH FL 32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
WALTERS, GARY R
12 CROOKED TREE TRAIL
ORMOND BEACH FL 32174

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
WALTERS, BARBARA P
12 CROOKED TREE TRAIL
ORMOND BEACH FL 32174

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

12 CROOKED TREE TRAIL
ORMOND BEACH FL 32174

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

12 CROOKED TREE TRAIL
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4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

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5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

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6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

12 CROOKED TREE TRAIL
ORMOND BEACH FL 32174

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE: Gary R. Walters Gary R. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1996 (904) 676-0105
Date Daytime Phone #

CR2E034 (12/95)