

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90014 049 ***150.00

DOCUMENT # **P94000009134** ✓

1. Corporation Name

GARY WALTERS & ASSOCIATES, INC.



Principal Place of Business

**27 S ORCHARD ST
SUITE B
ORMOND BEACH FL 32174
US**

Mailing Address

**27 S ORCHARD ST
SUITE B
ORMOND BEACH FL 32174
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

2. Principal Place of Business

21 12 Crooked Tree Trail

Suite, Apt. #, etc.

22

2a. Mailing Address

26 12 Crooked Tree

Suite, Apt. #, etc.

27

4. FEI Number

59-3226847

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

City & State

23 Ormond Beach, FL

City & State

28 Ormond Beach, FL

Zip

24 32174

Country

25 USA

Zip

29 32174

Country

30 US

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WALTERS, GARY R**
STREET ADDRESS **12 CROOKED TREE TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ DELETE

NAME **WALTERS, BARBARA P**
STREET ADDRESS **12 CROOKED TREE TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 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.

SIGNATURE:

SIGNATURE REQUIRED

7/10/99 (94) 615-1333

CR2E034 (5/99)

Gary Walters & Associates

Planning - Community Development - Management Consultants

12 Crooked Tree Trail
Ormond Beach, FL 32174

Phone (904) 615-1333

Fax (904) 615-1341

596743-90014-49
P94000009134

Date: July 10, 1999

To: Department of State
Division of Corporations

From: Gary Walters FEI 59-3226847

Subject: Corporate Change of Address -- 1999 Corporate Annual Report Fee

Please note: in November of 1999, my corporation changed addresses. Your Division was on the list of those notified of the change. However, I did not receive my 1999 Profit Corporation Annual Report Packet. I received this copy by accident when I happened to stop into my old office. Therefore, I am filing my annual report with the original filing fee of \$150.

Thank you for your assistance in this matter.

Gary L. Walters