

FILED



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

May 05 1997 8:00am
Secretary of State

1. Corporation Name
DAVID B. WALKER & ASSOCIATES, INC.

Principal Place of Business
6306 BENJAMIN ROAD SUITE 615
TAMPA FL 33634

Mailing Address
% WALTER SANDERS
13910 N. DALE MABRY STE 1
TAMPA FL 33618-2440
US

3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report 05/01/1996
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4. FEI Number 59-3231097	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

9. Name and Address of Current Registered Agent

SANDERS, WALTER
13910 N DALE MABRY HWY
STE ONE
TAMPA FL 33618

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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 Walter Sanders DATE WALTER SANDERS 2-25-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, DAVID B		1.2 NAME		
STREET ADDRESS	6306 BENJAMIN ROAD SUITE 615		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33634		1.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, CATHERINE B		2.2 NAME	
STREET ADDRESS	6306 BENJAMIN ROAD SUITE 615		2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33634		2.4 CITY - ST - ZIP	

1.1.1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.1.1.2 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01.1 TITLE	<input type="checkbox"/> DELETE	04.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
01.2 NAME		4.2 NAME		
01.3 STREET ADDRESS		4.3 STREET ADDRESS		
01.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		

NAME	STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. 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 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, 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 *Christina M. White, President, American Phelton* 0128813571

CB2F034 (9/06)