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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022231 (2)

MIKE WALKER CONSTRUCTION CO., INC.

Principal Place of Business

985 11TH AVE 8 JACKSONVILLE FL 32205

Block 12 or Block 13 if g

Mailing Address

985 11TH AVE S

FILED Mar 24 1998 8:00am Secretary of State



JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 985 59-3235215 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing AXVILLE Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible DNVAL 30 DUVAL Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALKER, MICHAEL P SR 1500 PAWNEE STRET 82 ORANGE PARK FL 32065 83 84 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ☐ Addition NAME WALKER, MICHAEL P SR 1.2 NAME 1500 PAWNEE STREET STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition WALKER, MICHAEL P JR NAME 2.2 NAME 2506 LIBERTY LN. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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