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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # P94000

YT# **P94000047487 (1)**

WALSH PROFESSIONAL INVESTIGATIONS, INC.

FILED Apr 09 1997 8:00am Secretary of State



Principal Place of Business 1823 HOLLY OAKS LAKE RD. EAST JACKSONVILLE FL 32225		Mailing Address 1823 HOLLY OAKS JACKSONVILLE FL		E HABINDAT HO VENH AYDIN SOUN BOWN BURN LIBEN LATIN AND MINN THEN TEST				
					3. Date Incorporated or Qualified 06/21/1994		of Last F 07/199	
	ace of Business	2a. Mailing Address	3		4. FEI Number			oplied For
21		26			59-3255421			ot Applicable
Suite, Apt #	f. etc.	Suite, Apt. #, etc	C.		5. Certificate of Status Desired			Additional equired
City & State		City & State		,,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
ZΦ	Country	Zip	Count	ry	8. This corporation has tiability for i			. 199.032,
24]	25	29	30			Yes 🏹		
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
	LSH, THOMAS J		8	1 Name				
	23 HOLLY OAKS LAKE RD. I	EAST	8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
JAL	CKSONVILLE FL 32225		L					
			8	13				
			8	4 City	and the same of th		85 Zip	Code
						FL	1 1	
agent ⊁æ	o the provisions of Sections 607 egistered agent, or both, in the marrillar with, and accept the c	721 - 12 1 P		a 11	. }	11/12	147	
agent ⊁an SIGNATURE	Structure, typed or per test name of each or	Of a gent and the if applicable S AND DIRECTORS	- (-1) A	eff weble	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DAT 1	77 DIRECTO	RS IN 12
SIGNATURE	Officers	MacD L + F ed agent and tibe it applicable	INOTE: Registered #	geht signature requi	ried when reinstating)	DATE SERS AND (/ 7 / DIRECTOI Change	
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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; the Laman officer or director of the corporation or the receiver or trustee an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a figure or on an alarchment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRIDED NAME OF SIGNING OFFICER OF DIRECTOR,

3/97 (904)641-