

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:27

DOCUMENT # P94000061495 (5)

1. Corporation Name

THE SOUTH WALTON GROUP, INC.

Principal Place of Business

Mailing Address

1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459

1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/17/1994

3b. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

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

10. Name and Address of New Registered Agent

BUTLER, ALBERT B
1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459

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 renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BUTLER, ALBERT B
STREET ADDRESS 1413 HIGHWAY 395
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME BRANNON, RONNIE L
STREET ADDRESS P.O. BOX 504 N/A
CITY-ST-ZIP FREEPORT FL 32439

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME SCHISSLER, FRANK M IV
STREET ADDRESS RT. 2, BOX 281
CITY-ST-ZIP FREEPORT FL 32439

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME LOGAN, KEVIN O
STREET ADDRESS P.O. BOX 577 N/A
CITY-ST-ZIP FREEPORT FL 32439

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SCHISSLER, GEORGE D SR.
STREET ADDRESS RT. 3, BOX 61
CITY-ST-ZIP FREEPORT FL 32439

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

TITLE D
NAME SCHISSLER, WILLIAM H
STREET ADDRESS P.O. BOX 288 N/A
CITY-ST-ZIP FREEPORT FL 32439

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 my address.

SIGNATURE:

Albert B Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT B BUTLER

3/14/95 904-231-4428
DATE (Type in Year & Month)