Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90025 004 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077573

1. Corporation Name

WALKER & COMPANY GENERAL CONTRACTORS, INC.

Principal Place of Business Mailing Address							
931 N. PENNSYLVANIA AVE. 931 N. PENNSYLVANIA AVE.							•
WINTER DARW EL 20700							
							DO NOT WRITE IN THIS SPACE
* # * * * * * * * * * * * * * * * * * *	and the state of t						3. Date Incorporated or Qualifed
							10/21/1994
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21 26							59-3274920 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired \$8.75 Additional Fee Required
22 27 City & State City & State							
				1			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country				This corporation owes the current year Intangible
	25	29	30	,			Personal Property Tax.
24	9. Name and Address of Curren		1301				10. Name and Address of New Registered Agent
_	J. Hamballa racioso or various			81	Na	me	
WALKER, R LANCE				-			(DO D. N. Sharia is Not Associable)
931 N PENNSYLVANIA AVE				82	Str	eet Addre	dress (P.O. Box Number is Not Acceptable)
WINT	ER PARK FL 32789			83			
100101	The same		'				
				84	City	/	FL 85 Zip Code
44 Pureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Sta	tutes, the al	oove-	-nan	ed corpo	moration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State :	of Florida. Such change was	s authorized	i by ti	ine c	orporatio	tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	lions of, Section 607.0505, a	FIORIDA STAT	nes.			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable (No	OTF: Registered	Agent	siona	ture required	red when reinstating) DATE
12.		ID DIRECTORS	13.	•			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 111	Œ			- Change Addition
NAME	WALKER, R. LANCE		1.2 NA	ME			
STREET ADDRESS	931 N. PENNSYLVANIA AVE.		1,3 ST	REET /	ADDR	ESS	
CITY-ST-ZIP	WINTER PARK FL 32789			1.4 CITY-ST-ZIP		l l	
TITLE	D	☐ DELETE	2.1 TI				☐ Change ☐ Addition
NAME	WALKER, JOSEPH A		2.2 N	ME			
STREET ADDRESS	931 N. PENNSYLVANIA AVE.		2.3 ST	REET	ADDR	ESS	
CITY-ST-ZIP WINTER PARK FL 32789			2, 4 CITY- ST- ZIP				
TITLE	777777777777777777777777777777777777777	☐ DELETE					Change Addition
NAME .	* *		3.2 N	WE		-	
STREET ADDRESS			3.3 ST	REET	ADDR	ESS	
CITY-ST-ZIP			3.4. C	TY-ST	T-ZIP		
TITLE		☐ DELETE	4.1 TF				☐ Change ☐ Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET	ADDR	ESS	
CITY-ST-ZIP			1	TY-ST-			<u></u>
TITLE		☐ DELETE					☐ Change ☐ Addition
NAME			5.2 N	ME			
STREET ADDRESS			5.3 ST	REET	ADDR	ESS	
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP	1	<u> </u>
TITLE		☐ DELETE	6.1 TI	TLE			☐ Change ☐ Addition
NAME			6.2 N	ME			
STREET ADDRESS			6.3 ST	REET	ADDR	ESS	
CITY-ST-ZIP			6.4 CI	TY-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 chapter or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP