

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90010 023 ***550.00

DOCUMENT # **P95000002296**

Corporation Name

MCCOY WALKER, INC.



Principal Place of Business
P.O. BOX 76, NAPLES CITY DOCK
NAPLES FL 33940

Mailing Address
651 4TH AVE. N
NAPLES FL 33962
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		01/09/1995	
City & State		City & State		4. FEI Number	
28 Zip		29 Zip		65-0542354	
Country		Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
WHITING, DAVID P		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
350 5TH AVENUE S., 3200		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> \$5.00 May Be Added to Fees	
NAPLES FL 33940		83		6. Election Campaign Financing Trust Fund Contribution	
		84 City		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		85 Zip Code		8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Kent A. Walker
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-5-99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		1.2 NAME	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY-STATE-ZIP		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE:

Kent A. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-5-99

941-455-4555

CR2E034 (5/99)