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

Mailing Address 6145 OLD BETHEL RD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90188 009 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000007174

1. Corporation Name

Principal Place of Business

6145 OLD BETHEL RD

CITY-ST-ZIP

SIGNATURE

WALK-A-BOUT ENTERPRISES, INC.

CRESTVIEW FL 32536		CRESTVIEW FL 32536		DO NOT WRITE IN THIS SPACE			
					3. Date Ir corporated or Qualifed 01/19/1995		
2. Principa Pla	ace of Business	2a. Mailing Address		4. FEi Number		Applied For	
21		26		59-3293477		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	5. Certifc te of Status Desired		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	T	00 May Be	
23 Zip	Courtry	28	Countr		This corporation owes the current year.		1 000
_	25	29	30	,	Persor al Property Tax.	☐ Yes	□No
24	9. Name and Address of Current		130		10. Name and Address of New Regist	ered Agent	
	Traine and Addition		8	1 Name			
MOO	re, bret a						
102 BAYSHORE DR			8:	2 Street Ace	dress (P.O. Box Number is Not Acceptable)		İ
NICE	VILLE FL 32578		8:	3			
			1	1			
			8-	4 City		FL 85 Zi	ip Code
office or re	to the provisions of Sections 607.050/ egistered agent, or both, in the State of m familiar with, and accept the obligat	:f Florida. Such change was ∄	luthorized b	v the corpora	rporation submits this statement for the purporation's board of clirectors. I hereby accept the	appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE		ent signature req i	rred when reinstating) DA		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DPS	☐ DELETE	1.1 TITLE			☐ Chang	ge
NAME	MOORE, BARABARA H		1.2 NAME				1
STREET ADDRESS	6145 OLD BETHEL RD		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL 32536		14 CiTY-	ST-ZiP			
TITLE	DV	☐ DELETE	2 1 TITLE			Chang	ge
NAME	HUGHES, RUBY T.		2.2 NAME				
STREET ADDRESS	6145 OLD BETHEL ROAD		2.3 STRE	ET ADDRESS			1
CITY-ST-ZIP	CRESTVIEW FL		2. 4 CITY	-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3 1 TITLE		-	Chang	ge 🔲 Addition
NAME			3.2 NAME	<u> </u>			İ
STREET ADDRESS			33STRE	ET ADDRESS			1
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Chang	ge 🗌 Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	ge Addition
NAME			5.2 NAME				
STREET ADDR :SS:			5.3 STRE	ET ADDRESS			
			5.4 CITY-	ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Chang	ge Addition
			6.2 NAME			_ `	
NAME				ET ADDRESS			ļ
STREET ADDR ESS			USSINE				}

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 indica ed on this annual report or supplemental annual report is true and accurate and that my signa ure 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 change 1, or on an attachment with an address, with all other like empowered