

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000024249

FILED
Oct 21, 2009
Secretary of State

Entity Name: WALTER HOLDING COMPANY, INC.

Current Principal Place of Business:

9335 W. TENNESSEE ST.
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

679 BLACKSHEAR RAD
THOMASVILLE, GA 31792 US

New Mailing Address:

FEI Number: 59-3132621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WADSWORTH, JAMES B
1040 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CHASTAIN, ALLAN
9335 W. TENNESSEE ST.
TALLAHASSEE, FL 32304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALLAN CHASTAIN

10/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTER, EBE
Address: 659C BLACKSHEEP DR.
City-St-Zip: THOMASVILLE, FL 31792

Title: V () Delete
Name: POMEROY, PHILIP JR.
Address: 445 ALDREDGE RD
City-St-Zip: CAIRO, GA 39827

Title: ST () Delete
Name: LADSON, WILLIAM F III
Address: 904 GORDON AVE.
City-St-Zip: THOMASVILLE, FL 31742

Title: D () Delete
Name: WALTER, ROBERT A
Address: 4938 ST. CROIX DR.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: WADSWORTH, JAMES B
Address: 1040 E. PARK AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SMITH, ROGER C
Address: 573 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MITCHELL, EDWARD
Address: 3536 NORTH MERIDIAN ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: STV (X) Change () Addition
Name: LADSON, WILLIAM F III
Address: 679 BLACKSHEAR ROAD
City-St-Zip: THOMASVILLE, FL 31742

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F LADSON

T

10/21/2009

Electronic Signature of Signing Officer or Director

Date