

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90121 017 \*\*\*150.00

DOCUMENT # P95000043094

1. Corporation Name  
WAL - ROSE, INC.

Principal Place of Business  
3848 MOORES STATION RD  
SANFORD FL 32772  
US

Mailing Address  
PO BO X728  
S  
SANFORD FL 32772  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1995

4. FEI Number  
59-3317838

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFITH, WALTER D SR.  
219 WILLIAMS RD  
WINTER SPRINGS FL 32708

81 Name

Walter D. Griffith

82 Street Address (P.O. Box Number is Not Acceptable)

3848 MOORES STATION RD

83

84 City

SANFORD

85 Zip Code

FL 32772

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME GRIFFITH, WALTER D SRT  
STREET ADDRESS 219 WILLIAMS RD  
CITY-ST-ZIP WINTER SPRINGS FL

1.1 TITLE  
1.2 NAME 3848 Moores Station Rd  
1.3 STREET ADDRESS PO Box 728  
1.4 CITY-ST-ZIP Sanford, FL 32772 ☒ Change ☐ Addition

TITLE VP  
NAME GRIFFITH, W DUANE  
STREET ADDRESS 1001 PIONEER WAY P O BOX 1033  
CITY-ST-ZIP GENEVA FL

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

TITLE ST  
NAME GRIFFITH, FREIDA ROSE  
STREET ADDRESS 219 WILLIAMS RD  
CITY-ST-ZIP WINTER SPRINGS FL

3.1 TITLE  
3.2 NAME 3848 Moores Station Rd.  
3.3 STREET ADDRESS PO Box 728  
3.4 CITY-ST-ZIP Sanford FL 32772 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Freida Rose Griffith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0568941

CR2E034 (11/98)