

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055258 (4)

1. Corporation Name

THE WALSWORTH GROUP, INC.



Principal Place of Business

**316 W. CENTRAL AVE.
SUITE 506
WINTER HAVEN FL 33880**

Mailing Address

**316 W. CENTRAL AVE.
SUITE 506
WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified
07/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 2119 Rivers Edge Court

2a. Mailing Address

26 2119 Rivers Edge Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER FL

27 City & State

28 CLEARWATER FL

24 Zip

34623

Country

25 USA

29 Zip

34623

Country

30 USA

4. FEI Number

59-3333 986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WEYAND, HAROLD S JR.
316 W. CENTRAL AVE.
SUITE 506
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name

82 2219 Rivers Edge Court

83

84 City

CLEARWATER

FL

85 Zip Code
34623

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

TITLE **PD** ☐ DELETE
NAME **WEYAND, HAROLD S JR.**
STREET ADDRESS **2119 RIVERS EDGE CT.**
CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE **SD** ☒ DELETE
NAME **FOOTE, ROBERT V**
STREET ADDRESS **1776 6TH ST. N.W.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SECRETARY**
2.3 STREET ADDRESS **MARY A. WEYAND**
2.4 CITY-ST-ZIP **2119 Rivers Edge Ct**
Clearwater FL 34623

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Harold S. Weyand Jr.** **HAROLD S. WEYAND JR.** **APRIL 25, 1996** **813 733 8291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)