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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000069460 (0)

CHARLES E. WALTERS, INC.

Principal Place	e of Business	Mailing Address			
3002 SOUTHSHORE CIRCLE TALLAHASSEE FL 32312-1819		3002 SOUTHSHORE CIRCLE TALLAHASSEE FL 32312-1819			
• 0				09/11/1995	Date of Last Report
21	lace of Business	2a. Mailing Address 26		4. FEI Number 59 - 333 693 2	Applied For Not Applicable
Suite, Apt. 22 City & State		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	Country	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25 9. Name and Address of Curr	Zip 29	Country 30	8. This corporation has liability for intangit Florida Statutes Yes N	o
	s. Hame the Address of Oan	ent negistered Agent	81 Name	10. Name and Address of New Registe	red Agent
WALT	EDS CHADLES E		UT Name		
WALTERS, CHARLES E 3002 SOUTHSHORE CIRCLE			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
	WASSEE FL 32312-1819		83		
			84 City		85 Zip Code
SIGNATURE _	Signature (gred or professional) OFFICERS A	no Directors	113.	ADOITIONS/CHANGES TO OFFICERS	
Trice	PD	☐ DELETE	1 * TITLE	THE STATE OF THE S	Change Addition
NAME	WALTERS, CHARLES E		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TALLAHASSEE FL 32312- SD		1.4 CHY-SE-ZIF		
NAME	WALTERS, KATHY	DELETE	2 1 TITEE		☐ Change ☐ Add-tion
STREET ADDRESS	3002 SOUTHSHORE CIR.		2.2 NAME		
CITY - ST-ZIP	TALLAHASSEE FL 32312-		2.3 STREET AUDRESS		
TITLE		DELETE	24 C/TY - \$1 - Z/P 3 1 HTLE		Change
NAME			3.2 NAME		T amongs [] reduited
STREET ADORESS			3.3 STHEET ADDRESS		
CITY - ST - ZIP			3.4 CrTv - ST - ZIP		
TITLE NAME		☐ DELETE	4 ! TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		□ DELETE	4.4 CHY ST-20F 5.1 TOTLE		
NAME			5 2 NAMir		Change
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY - ST - ZIP			5 4 C(1Y - S1 - Z(P		
TITLE		☐ DELETE	6 1 Title		Change Addition

14. Ido hereby certify that the information supplied vi th this fung is voluntarily turnished 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 armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if manged, or on an attachment with an ackliness.

SIGNATURE:

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6.4 CHY ST-71P

6.3 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP