SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000075633 (4)**

1. Corporation Name
WALKER HARDWOODS INC.

Principal Place of Business	Mailing Address
11 ARBOR CLUB DR. #211 PONTE VEDRA BEACH FL 32082	11 ARBOR CLUB DR. #211 PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: **09/11/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21: 1375 PINK PANTHER DR
22. Suite, Apt. #, etc:
23. City & State: JACKSONVILLE, FL.
24. Zip: 32225 — 25. Country: USA

2a. Mailing Address — 26:
27. Suite, Apt. #, etc: PO BOX 350270
28. City & State: JACKSONVILLE, FL.
29. Zip: 32235 — 30. Country: USA

4. FEI Number: 59-33333-81 — 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

~~STOLP, WALKER W~~
~~11 ARBOR CLUB DR, #211~~
~~PONTE VEDRA BEACH FL 32082~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1375 PINK PANTHER DR.
83:
84 City: JACKSONVILLE, — FL — 85 Zip Code: 32225

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 _____ DATE:
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	~~STOLP, WALKER W~~		1.2 NAME		
STREET ADDRESS	~~11 ARBOR CLUB DR, #211~~		1.3 STREET ADDRESS	1375 PINK PANTHER DR.	
CITY-ST-ZIP	~~PONTE VEDRA BEACH FL 32082~~		1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32225	
TITLE		☐ DELETE	2.1 TITLE	S/T	☐ Change ☑ Addition
NAME			2.2 NAME	KELLER, LEIGH E.	
STREET ADDRESS			2.3 STREET ADDRESS	1375 PINK PANTHER DR.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32225	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WW Stolp — WW STOLP — 7-11-96 — 904/645-5535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #