

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 # P95000092980 (8)

1. Corporation Name
WALKING T FARMS, INC.



Principal Place of Business
**12317 NW 129TH TERRACE
ALACHUA FL 32615**

Mailing Address
**12317 NW 129TH TERRACE
ALACHUA FL 32615**

3. Date Incorporated or Qualified
12/01/1995

3a. Date of Last Report

4. FEI Number
59-3358445

5. Certificate of Status Desired **\$6.75 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

**TRAVIS, DRU
12317 NW 129TH TERRACE
ALACHUA FL 32615**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL 85. Zip Code

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 607.0503, Florida Statutes.

SIGNATURE: *Tom Travis, President* DATE: **4-16-96**

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	DRU TRAVIS
STREET ADDRESS	12317 NW 129th Terrace
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	VICE President
NAME	STEVEN L TRAVIS
STREET ADDRESS	12317 NW 129th Terrace
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DRU TRAVIS	
1.3 STREET ADDRESS	12317 NW 129th Terrace	
1.4 CITY-ST-ZIP	ALACHUA, FL 32615	
2.1 TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVEN L TRAVIS	
2.3 STREET ADDRESS	12317 NW 129th Terrace	
2.4 CITY-ST-ZIP	ALACHUA, FL 32615	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

S J R

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: *Tom Travis* DATE: **4-16-96** TIME: **9:07-462-3134**

CR2E034 (12/95)