FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Making

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000010411 (2) **TOLBERT & WALKER ENTERPRISES, INC.**

Principal Place of Business Mailing Address P.O. BOX 5010 P.O. BOX 5010 NICEVILLE FL 32578-5010 NICEVILLE FL 32578 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3363426 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WALKER, DAVID W 744 CARIBBEAN WAY Street Address (P.O. Box Number is Not Acceptable) 82 **NICEVILLE FL 32578** 83 84 City 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 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 and familiar with, and accept the appointment as registered and familiar with, and accept the appointment as registered. (NOTE: Registered Agent signature required when reinstating) STO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change TITLE 1.1 TITLE David Walker Tolbert III 1.2 NAME Nobelle, F1, 32578 NAME 1500 Miracle Strip Pkwy STREET ADDRESS 1.3 STREET ADDRESS Ft Walton Beach, FL 32548 CITY-ST-ZIP 1.4 CITY - S1- ZIP DELETE Change Addition 2.1.111LE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADORESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TETLE 4.1 THLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5 3 STREET ADDRESS 5.4 CITY - ST - ZIP

14. I do 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted exposured to execute this apport 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 oldred.

DELETE

DELETE

FILED

Jun 16 1997 8:00am

Secretary of State

☐ Change

Change

☐ Addition

Addition