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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000015565 (0) DOCUMENT #

WALTER GOLLOTTE, INC.

## **FILED** Apr 20 1998 8:00am Secretary of State



								<b>                                   </b>	
Principal Place of Business Mailing Address							)	1101 0111 1001	
9235 PINE FOREST ROAD 9235 PINE FOREST ROAD									
PENSACOLA F	FL <b>3</b> 2534	PENSACOLA FL 32534				DO MOTURITE III			
						DO NOT WRITE IN 1	HIS SPACE		
						<ol> <li>Date Incorporated or Qualified</li> <li>02/16/1996</li> </ol>			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Α	pplied For	
21		26	26			65-3359247	N	ot Applicable	
Sulte, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27	27			5. Certificate of Status Desired	Fee R	tequired	
City & State	9	City & S	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution		to Fees	
Zip	Country		Zip Cou		8. This corporation owes or has paid the current year Intangible		itangible		
24	25	29	[3	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren	nt Registered Ag	ent			10. Name and Address of New Registe	red Agent		
CO	NNELL, CHERIE			81	Name				
	5 PINE FOREST ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
PER	ISACOLA FL 32534			83					
					0				
				84	′		<b> - </b>	Code	
11. Pursuani t	o the provisions of Sections 607.050	2 and 607.1508,	Florida Statutes	s, the abov	e-named co	orporation submits this statement for the purpo	se of changing i	its registered	
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 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed name of registered age		(NOTE		ent signature re		AND DIDECTOR	50.11.40	
12.	OFFICERS ANI		DELETE	13.	г-	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	CONNELL, MICHAEL		DELETE	1.1 TITLE			□ Cuange	L AUGILION	
NAME	9235 PINE FOREST ROAD			1.2 NAME					
STREET ADDRESS	PENSACOLA FL 32534			1.3 STREET					
CITY-ST-ZIP	D D D D D D D D D D D D D D D D D D D		DELETÉ	1.4 CITY - 9	ST-ZIP		Change	Addition	
TITLE	CONNELL, BETTY	L	DELETE	2.1 TITLE			☐ Change	L Audilion	
NAME	9235 PINE FOREST ROAD			2.2 NAME					
STREET ADDRESS	PENSACOLA FL 32534			2.3 STREET	ADDRESS			F	
CITY-ST-ZIP		·············-	1 5575	2. 4 CITY-	ST-ZIP			1 4419	
TITLE	D.	Ł	DELETE	3.1 TITLE			Change	☐ Addition	
NAME	JOSEY, VICKIE			3.2 NAME				1	
STREET ADDRESS	9235 PINE FOREST ROAD PENSACOLA FL 32534			3.3 STREET	ADDRESS			i	
CITY-ST-ZIP	PENSACULA FL 32534	<del></del>		3.4. CITY -	ST-ZIP				
TITLE		L	DELETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME	1				
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - 9	ST-ZIP				
TITLE		l	DELETE	5.1 TITLE			L Change	Addition	
NAME				5.2 NAME				l	
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY - ST - ZIP				5.4 CITY - 9	5T - ZIP				
TITLE			DELETE	6.1 TITLE			Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - 9	ST-ZIP				

14. I 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ordanged, or on an attackment with an address.