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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066254 (9)

WALKER & WIEHAUS ENTERPRISES, INC.

950 EAST WASHINGTON STREET POST OFFICE BOX 50 MONTICELLO FL 32344 MONTICELLO FL 32345-0050 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 24 25 29 🔀 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WIEHAUS, JEAN 950 EAST WASHINGTON STREET 82 Street Address (P.O. Box Number is Not Acceptable) MONTICELLO FL 32344 83 84 City 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed 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 (96/6) PSTD DELETE TITLE 1.1 TITLE ☐ Change WIEHAUS, DONNA JEAN NAME 1.2 NAME 950 EAST WASHINGTON STREET STREET ADDRESS 1.3 STREET ADDRESS MONTICELLO FL 32344 CITY - ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST. ZIP 2. 4 CITY - ST - ZIP 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 ☐ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-7iP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - 7IP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - \$1 - 20P 6.4 CITY-ST-2IP 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 legal effect as if made under oath; that polation or the receiver or trustee empowered to execute this report as required by Chapter 607, Floridg Statutes; and that my name

attachment with an address