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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000069652 (1)

1. Corporation Name

BEARWALKER, INC.

Principal Place of Business

876 LOVERS LANE
GREEN COVE SPRINGS FL 32043

Mailing Address

P O BOX 741
GREEN SPRINGS FL 32043-0741



2. Principal Place of Business

21 876 LOVERS LANE

Suite, Apt. #, etc.

22 City & State

23 Green Cove Springs, FL.

Zip

24 32043

Country

25 CLAY

2a. Mailing Address

26 P.O. Box 741

Suite, Apt. #, etc.

27 City & State

28 Green Cove Springs, FL.

Zip

29 32043

Country

30 CLAY

3. Date Incorporated or Qualified

08/21/1996

3a. Date of Last Report

4. FEI Number

59-3404844

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

CRAWFORD, JOHNNY M
876 LOVERS LANE
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name

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

83 876 LOVERS LANE

84 City

Green Cove Springs, FL

85 Zip Code

32043

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CRAWFORD, JOHN
STREET ADDRESS 116 STRATFORD ROAD
CITY- ST- ZIP GREENVILLE SC 29605

TITLE D ☐ DELETE

NAME CRAWFORD, MARY L
STREET ADDRESS 876 LOVERS LANE
CITY- ST- ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ DELETE

NAME CRAWFORD, JOHNNY M
STREET ADDRESS 876 LOVERS LANE
CITY- ST- ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

Signature typed or printed name of signing officer or director

4-8-97

Date

(904) 284-0841

Daytime Phone #

0014039

CR2E034 (9/96)