


Amended  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # p970000 19297		
1. Corporation Name Witness Master of St. Walter, Inc.		

Principal Place of Business 5515 N. Davis Hwy Pensacola, FL 32514	Mailing Address
---	-----------------

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent Ronald P. Hebert 8710 Scenic Hills Dr Pensacola, FL 32514	
--	--

10. Name and Address of New Registered Agent Theresa E. Hebert 8710 Scenic Hills Dr. Pensacola FL 32514	
--	--

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: Theresa E. Hebert (NOTE: Registered Agent signature required when reinstating)

DATE: 11-15-99

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President / Treasurer

1.2 NAME Theresa E. Hebert

1.3 STREET ADDRESS 8710 Scenic Hills Dr

1.4 CITY-ST-ZIP Pensacola, FL 32514

2.1 TITLE Secretary

2.2 NAME Todd Perkins

2.3 STREET ADDRESS 1901 Lady Bird Lane

2.4 CITY-ST-ZIP Gulf Breeze, FL 32561

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200003069322--5  
-12/14/98 01095--001  
\*\*\*\*\*61-25 \*\*\*\*\*61-25

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 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: Theresa E. Hebert

DATE: 11-15-99

DAYTIME PHONE: 850-478-0842

FILED  
99 DEC -6 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified	
4. FEI Number 59-3439394	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
7. This corporation owes the current year Intangible Personal Property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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: Theresa E. Hebert	
DATE: 11-15-99	

CR2E034 (5/99)

KE