

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90064 046 ***150.00

DOCUMENT # P97000066093

1. Entity Name

R. C. WALKER, INC.

Principal Place of Business	Mailing Address
3617 CROWN PT RD STE 4 JACKSONVILLE FL 32257 US	3617 CROWN PT RD STE 4 JACKSONVILLE FL 32257-9010 US

2. Principal Place of Business	3. Mailing Address
3617 Crown Point Rd. Suite, Apt. #, etc. SUITE #1 City & State Jacksonville FL Zip 32257 Country USA	P.O. Box 24668 Suite, Apt. #, etc. City & State Jacksonville FL Zip 32241 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3465182	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
3617 CROWN PT. RD.
STE #4
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3617 Crown Point Rd.
SUITE #1
City Jacksonville FL Zip Code 32257

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *M. A. Hernandez* M.A. Hernandez DATE 3/31/00

(Signature, type, or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, R C	NAME	
STREET ADDRESS	3617 CROWN POINT RD. #4	STREET ADDRESS	P.O. Box 24668
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	Jacksonville FL 32241
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, PAMELA	NAME	
STREET ADDRESS	3617 CROWN POINT RD. #4	STREET ADDRESS	P.O. Box 24668
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	Jacksonville FL 32241
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phenon* 4-5-2000 904-288-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)