2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # P97000082895 WALKER & COMPANY CONSTRUCTION, INC. 05-10-2001 90180 007 ***150.00 Principal Place of Business Mailing Address 931 N PENNSYLVANIA AVE 931 N PENNSYLVANIA AVE WINTER PARK FL 32789 WINTER PARK FL 32789 80052444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3477346 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Walker, R L Street Address (P.O. Box Number is Not Acceptable) 931 N PENNSYLVANIA AVE WINTER PARK FL 32789 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE ☐ Change ☐ Delete WALKER, R L SR NAME NAME STREET ADDRESS 931 N PENNSYLVANIA AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-7IP ☐ Delete Change ☐ Addition WALKER, R L JR NAME STREET ADDRESS 931 N PENNSYLVANIA AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition FISHER, JOSEPH A NAME NAME STREET ADDRESS 931 N PENNSYLVANIA AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of custee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of changed, or on an attachment with rustee empowered to execute this report address, with all other like empowers empower

SIGNATURE:

SIGNATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR