2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State **DOCUMENT #** P97000082895 1. Entity Name 05-12-2002 90617 024 ***150 00 WALKER & COMPANY CONSTRUCTION, INC. Principal Place of Business Mailing Address 931 N. PENNSYLVANIA AVE 931 N PENNSYLVANIA AVE WINTER PARK FL 32789 WINTER PARK FL 32789 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 Applied For 59-3477346 Not Applicable Zip Country Zip 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME Walker, R L SR NAME STREET ADDRESS 931 N PENNSYLVANIA AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WALKER, R L JR NAME STREET ADDRESS STREET ADDRESS 931 N PENNSYLVANIA AVE CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32789 -111LE- - = · Delete TITLE Change - Addition NAME FISHER, JOSEPH A NAME STREET ADDRESS 931 N PENNSYLVANIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>WINTER PARK FL 32789</u> TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

PORECTOR HALKER 4-24-02

CITY-ST-7IP

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

FILED