

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90175 049 ***150.00

DOCUMENT # P98000083061

1. Corporation Name

KENNETH R. WALTERS, P.A.

Principal Place of Business

PO BOX 997
YULEE FL 32041-0997

Mailing Address

PO BOX 997
YULEE FL 32041-0997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

59-3536214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 15361

Suite, Apt. #, etc.

22

City & State

23 Fernandina Bch., FL

Zip

Country

24 32035 25 USA

2a. Mailing Address

26 P.O. Box 15361

Suite, Apt. #, etc.

27

City & State

28 Fernandina Bch., FL

Zip

Country

29 32035 30 USA

9. Name and Address of Current Registered Agent

WALTERS, KENNETH R
208 US HWY 17
YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name

WALTERS, KENNETH R.

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

11 South 7th Street

83

84 City

Fernandina Beach, FL

85 Zip Code

32035

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WALTERS, KENNETH R

STREET ADDRESS 3967 FIRST AVE

CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE D ☐ DELETE

NAME WALTERS, JUDITH R

STREET ADDRESS 3967 FIRST AVE

CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME WALTERS, KENNETH R

1.3 STREET ADDRESS 2862 Park Square Place

1.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME WALTERS, JUDITH R

2.3 STREET ADDRESS 2862 PARK SQUARE PLACE

2.4 CITY-ST-ZIP FERNANDINA BEACH, FL 32034

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Kenneth R. Walters K.R. WALTERS

3/12/99

904-261-9983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)