

2001 UNIFORM BUSINESS REPORT (UBR)

07-10-2001 90014 001 ****150.00
 07-10-2001 90014 002 *****8.75
 99000030343

FILED

01 AUG 31 AM 10:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **99000030343**
 1. Entity Name
WALTON ELECTRIC & A/C INC

Principal Place of Business Mailing Address
1120 Hwy 20 PO BOX 1288
FREEPORT, FL SANTA ROSA BEACH
32439 FL 32459

2. Principal Place of Business 3. Mailing Address
97 Ramsey Rd PO BOX 1288
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FREEPORT, FL SANTA ROSA BEACH
 Zip Country Zip Country
32439 WALTON 32459 WALTON

4. FEI Number Applied For
59-3564106 Not Applicable
 5. Certificate of Status Desired - \$8.75 Additional Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
OSWELL, WILLIAM R
97 RAMSEY RD.
FREEPORT, FL 32439

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
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 tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DONALD CAMPBELL 133 MINNESOTA AVE DE LUKE, FL 32439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES WILLIAM R OSWELL 97 RAMSEY RD FREEPORT, FL 32439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SECRETARY VERNON THOWE 69 HICKORY ST FREEPORT, FL 32439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRA - 400	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004586447 -09/13/01--0101--019 ****400.00 ****400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ILS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 to this address with all other like empowered.
 SIGNATURE: **DONALD CAMPBELL** **4-27-01**
Signature and typed or printed name of signing officer or director Date City/State/Phone #

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