

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90051 016 ***150.00

MSF0007 AV

DOCUMENT # P99000030343

1. Entity Name

WALTON ELECTRIC & AC, INC.

Principal Place of Business

**97 RAMSEY ROAD
 FREEPORT FL 32439**

Mailing Address

**PO BOX 1288
 SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564106

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSWELL, WILLIAM R
 97 RAMSEY RD
 FREEPORT FL 32439**

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 _____

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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Delete
 NAME: **CAMPBELL, DONALD**
 STREET ADDRESS: **133 MINNESOTA AVENUE**
 CITY-ST-ZIP: **DEFUNIAK SPRINGS FL 32435**

Change Addition

TITLE: **VP** Delete
 NAME: **OSWELL, WILLIAM R**
 STREET ADDRESS: **97 RAMSEY RD**
 CITY-ST-ZIP: **FREEPORT-FL-32439**

Change Addition

TITLE: **TS** Delete
 NAME: **THOWE, VERNON**
 STREET ADDRESS: **69 HICORY ST**
 CITY-ST-ZIP: **FREEPORT FL 32439**

Change Addition

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

Change Addition

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

Change Addition

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

Change 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 with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (888) 205 418

Date

Daytime Phone #

CR2E034 (9/01)