SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG 15 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S36825** **(5)**

1. Corporation Name
WALSH, INC.

Mailing Address
277 CENTRAL AVENUE
ST. PETERSBURG FL 33701

Principal Place of Business
277 CENTRAL AVENUE
ST. PETERSBURG FL 33701

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21

2a. Principal Place of Business
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip / Country
24 / 25

Zip / Country
29 / 30

3. Date Incorporated or Qualified: **03/11/1991**

3a. Date of Last Report: **05/01/1993**

4. FEI Number: **59-3060591** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: **$8.75** Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUGGLES, THOMAS W.
28485 U.S. 19 NORTH
SUITE 200
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS
1.1 TITLE	P/S/T	
1.2 NAME	WALSH, KATHRYN A.	
1.3 STREET ADDRESS	277 CENTRAL AVENUE	
1.4 CITY-ST-ZIP	ST. PETERSBURG FL	
2.1 TITLE	D	
2.2 NAME	WALSH, KATHRYN A.	
2.3 STREET ADDRESS	277 CENTRAL AVENUE	
2.4 CITY-ST-ZIP	ST. PETERSBURG FL	
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ KATHRYN A. WALSH PRES. 8/9/94 (813) 822-6553
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Telephone #