

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S39180** (2)

1. Corporation Name

WALCO SERVICE CENTER, INC.



Principal Place of Business

**777 E JOHN SIMS PKWY.
NICEVILLE FL 32578-2031**

Mailing Address

**777 E JOHN SIMS PKWY.
NICEVILLE FL 32578-2031**

3. Date Incorporated or Qualified
03/14/1991

3a. Date of Last Report
07/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHANCEY, NED
777 E JOHN SIMS PKWY.
NICEVILLE FL**

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, 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 **PD** ☐ DELETE
NAME **CHANCEY, NED**
STREET ADDRESS **211 EDREHI DR**
CITY-STATE-ZIP **NICEVILLE FL**

TITLE **VSTD** ☐ DELETE
NAME **CHANCEY, DORIS S.**
STREET ADDRESS **211 EDREHI DR**
CITY-STATE-ZIP **NICEVILLE FL**

TITLE **M** ☐ DELETE
NAME **WILSON, JR., JAMES K.**
STREET ADDRESS **130 PATTI COVE**
CITY-STATE-ZIP **NICEVILLE FL**

TITLE **D** ☐ DELETE
NAME **CHANCEY, JR., NED**
STREET ADDRESS **#1 MALLETT DR.**
CITY-STATE-ZIP **FREEMONT FL**

TITLE **D** ☐ DELETE
NAME **HARPER, MARY G.**
STREET ADDRESS **1044 LARKSPUR CR.**
CITY-STATE-ZIP **JACKSONVILLE, FL 32259**

TITLE **D** ☐ DELETE
NAME **TOTTEN, REGINA C.**
STREET ADDRESS **Rt. 1, Box 690**
CITY-STATE-ZIP **SANTA ROSA BEACH, FL 32459**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **CHANCEY, Richard S.**
1.3 STREET ADDRESS **1093 S. FERDON BLVD**
1.4 CITY-STATE-ZIP **CRESTVIEW FL 32536**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **CHANCEY, Sherry L.**
2.3 STREET ADDRESS **1750 Hopper Street**
2.4 CITY-STATE-ZIP **Niceville, FL 32578**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **HARPER, MARY G.**
3.3 STREET ADDRESS **1044 LARKSPUR LOOP**
3.4 CITY-STATE-ZIP **JACKSONVILLE, FL 32259**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **TOTTEN, REGINA C.**
4.3 STREET ADDRESS **Rt. 1, Box 690**
4.4 CITY-STATE-ZIP **SANTA ROSA Bch, FL 32459**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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.

SIGNATURE: **Noris S. Chancey, V. Pres.** **2-14-96** **904-678-5321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)