

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

DOCUMENT # S39180

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90090 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1991

4. FEI Number

26-2929354

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

CHANCEY, NED  
777 E JOHN SIMS PKWY.  
NICEVILLE FL

10. Name and Address of New Registered Agent

81 Name JAMES K. WILSON JR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
300 RILEY ROAD  
83  
84 City NICEVILLE FL 85 Zip Code 32578

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

JAMES K. WILSON JR. 4-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PVST M
NAME	CHANCEY, NED	1.2 NAME	WILSON JAMES K JR
STREET ADDRESS	211 EDREHI DR	1.3 STREET ADDRESS	300 RILEY ROAD
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	VSTD	2.1 TITLE	
NAME	CHANCEY, DORIS S.	2.2 NAME	
STREET ADDRESS	211 EDREHI DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	
TITLE	M	3.1 TITLE	
NAME	WILSON, JR., JAMES K.	3.2 NAME	SEE ABOVE
STREET ADDRESS	130 PATTI COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CHANCEY, JR., NED	4.2 NAME	
STREET ADDRESS	#1 MALLETT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CHANCEY, RICHARD S	5.2 NAME	
STREET ADDRESS	1093 S FERDON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CHANCEY, SHERRY L	6.2 NAME	
STREET ADDRESS	1750 HOPPER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	6.4 CITY-ST-ZIP	

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:

JAMES K. WILSON JR. 4-26-99 850-678-5321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)