

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90076 043 ***150.00

DOCUMENT # S39180

1. Entity 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

2. Principal Place of Business

785 E. JOHN SIMS PKWY

Suite, Apt. #, etc.

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

2

City & State

NICEVILLE FL

City & State

NICEVILLE FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number

26-2929354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, JAMES K JR.

300 RILEY RD.

NICEVILLE FL 32578

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

[Signature]

3-11-02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTM
WILSON, JAMES K JR.
300 RILEY RD.
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACKSON, TERRY R
1420 CEDAR ST
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~WILSON, JAMES K JR.~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~WILSON, JAMES K JR.~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~WILSON, JAMES K JR.~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~WILSON, JAMES K JR.~~ ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MURPHY MICHAEL D
5242 GALLIVER C.T.O.
BAKER FL 32532 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
HELTON GEORGE D
303 E 1ST AVE
CRESTVIEW FL 32536 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
DAMRON, RICKY D
4 WARBLER WAY
CRESTVIEW FL 32539 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
WELCH EVA Y
536 JOHN SIMS PKWY
NICEVILLE FL 32578 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

Date

850-678-5321

Daytime Phone #

CR2E034 (9/01)