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 # **S57398** **(7)**

1. Corporation Name

WALTON COUNTY PARTNERS, INC.

Principal Place of Business	Mailing Address
9 N 9TH ST. DEFUNIAK SPRINGS FL 32433	9 N 9TH ST. DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **06/05/1991**
3a. Date of Last Report: **02/01/1995**

4. FEI Number: **59-3073778** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BELL, WILLIAM JACK
9 N 9TH ST.
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name: Bell, William Jack
82 Street Address (P.O. Box Number is Not Acceptable): 36 S. 9th. Street
83
84 City: DeFuniak Springs **FL** 85 Zip Code: 32433

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE
NAME	INGRAM, BOB K.	
STREET ADDRESS	POST OFFICE BOX 602 N/A	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	☐ DELETE
NAME	COSSON, DONNIE H.	
STREET ADDRESS	RT. 6, BOX 232	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	☐ DELETE
NAME	BELL, WILLIAM J.	
STREET ADDRESS	RT. 4, BOX 80	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	☐ DELETE
NAME	SIMS, JOHN W.	
STREET ADDRESS	RT. 3, OX 56	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	Bell William J. Address
33 STREET ADDRESS	372 Bell Rd
34 CITY-ST-ZIP	DeFuniak Sp. FL. 32433
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	500001823425
53 STREET ADDRESS	-05/15/96--01126--031
54 CITY-ST-ZIP	***200.00
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (12/95)

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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Bell 5/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

892-6868
859-2482
Daytime Phone #