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 # **V47078** **(3)**

1. Corporation Name

WALKER PROPERTY MANAGEMENT AND MAINTENANCE, INC.

Principal Place of Business

14515 INNERARITY POINT RD
PENSACOLA FL 32507

Mailing Address

PO BOX 34040
PENSACOLA FL 32507
US

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **06/25/1992**

3a. Date of Last Report: **02/02/1995**

4. FEI Number: **59-3133043** ☐ 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

WALKER, PEGGY C.
14515 INNERARITY POINT RD
PENSACOLA FL 32507

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 Section 607.0505 and 607.1908, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DATE

12. OFFICERS AND DIRECTORS

TYPE **DPT** ☐ DELETE
NAME **WALKER, JAMES M.**
STREET ADDRESS **14515 INNERARITY POINT**
CITY ST ZIP **PENSACOLA FL**

TYPE **DS** ☐ DELETE
NAME **WALKER, PEGGY C.**
STREET ADDRESS **14515 INNERARITY POINT**
CITY ST ZIP **PENSACOLA FL**

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY ST ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY ST ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY ST ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I DO HEREBY CERTIFY that the information supplied with this filing is true, 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 added to the report with an address.

SIGNATURE: Peggy C. Walker 1-16-96 904-492-9819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
PEGGY WALKER

CR2E034 (12/95)