FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 8:59

DOCUMENT # V51445 (7)

1. Corporation Name

WALTER CAPITAL CORPORATION

Principal Place of Business	Mailing Address
2110 S. ADAMS ST. STE ~~D~~ E TALL FL 32301 US	PO BOX 6072 ~~SUITE D~~ TALL FL 32314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1992
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business: 21 2110 S. Adams St.
Suite, Apt. #, etc.: 22 Suite E
City & State: 23 Tallahassee, Florida
Zip: 24 32301
Country: 25 Leon

2a. Mailing Address: 26 PO Box 6072
Suite, Apt. #, etc.: 27 ——
City & State: 28 Tallahassee, FL
Zip: 29 32314
Country: 30 Leon

4. FEI Number: 59-3132621 ☐ 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

WALTER, EBE
2110 S ADAMS ST
SUITE ~~D~~ E
TALLAHASSEE FL 32301

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 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	PD	1.1 TITLE	D	☐ Change ☑ Addition
NAME	WALTER, EBE	1.2 NAME	Roger C. Smith	
STREET ADDRESS	2110 S. ADAMS ST. SUITE D	1.3 STREET ADDRESS	573 Timber lane Road	
CITY-ST-ZIP	TALL FL	1.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
TITLE	V	2.1 TITLE	D	☐ Change ☑ Addition
NAME	POMEROY, JOHN P	2.2 NAME	Edward M. Mitchell, Jr.	
STREET ADDRESS	1418 SILVER PINE LN	2.3 STREET ADDRESS	3536 N. Meridian Rd	
CITY-ST-ZIP	TALL FL	2.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
TITLE	ST	3.1 TITLE	S/T	☑ Change ☐ Addition
NAME	LADSON, WILLIAM F. III	3.2 NAME	William F. Ladson, III	
STREET ADDRESS	2110 S. ADAMS ST. SUITE D	3.3 STREET ADDRESS	10046 Collins Hole Rd.	
CITY-ST-ZIP	TALL FL	3.4 CITY-ST-ZIP	Tallahassee, Fl 32312	
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME	WADSWORTH, JAMES B	4.2 NAME	Willie L. Norred	
STREET ADDRESS	1040 E. PARK AVE.	4.3 STREET ADDRESS	1328 Gulf Beach Drive	
CITY-ST-ZIP	TALL FL	4.4 CITY-ST-ZIP	St. George's Island, Fl 32328	
TITLE	C	5.1 TITLE		☐ Change ☐ Addition
NAME	WALTER, ROBERT A	5.2 NAME		
STREET ADDRESS	4320 W. KENNEDY BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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 F. Ladson, III — 2/15/95 — 904 224 0614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406070 FP