

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V51445

(7)

1. Corporation Name

WALTER CAPITAL CORPORATION



Principal Place of Business

2110 S ADAMS ST
SUITE 3
TALLAHASSEE FL 32301
US

Mailing Address

P O BOX 6072
SUITE D
TALLAHASSEE FL 32314
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

679 Blackshear Dr.

Thomasville, GA

31792

USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

James B. Wadsworth, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

1040 E. Park Avenue

83

84 City

Tallahassee

FL

85 Zip Code

32301

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 B. Wadsworth, Jr.

James B. Wadsworth, Jr.

1-7-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WALTER, EBE
2110 S. ADAMS ST. SUITE D
TALL FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
POMEROY, JOHN P
1418 SILVER PINE LN
TALL FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LADSON, WILLIAM F. III
10046 COLLINS HOLE RD
TALLAHASSEE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

William F. Ladson III

William F. Ladson III

1-7-98

904 435-8214

CR2E034 (10/97)