FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 1. Corporation Name V56987

(3)

D. FL	EMING WALKER, P.A.							
Principal Place	of Business	Mailing Address			- 0.0031 0.1404 0.140 0.144 1040	I OFRA BANDI BANDIN BANDIN NIANA NI	ON CHEST BIRST SORT	
221 E. SEVENTH AVENUE 2ND FLOOR TALLAHASSEE FL 32303		2ND FLOOR	221 E. SEVENTH AVENUE 2ND FLOOR TALLAHASSEE FL 32303					
INCONTRO	occ ic ocoo	The state of the s	02303		3. Date incorporated or Qualified 08/07/1992	3a. Date of Last R 05/01/1	•	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	⊢ →	Applied For	
Cuita Ass. 4	L oto	26 Cuito Ant # etc			59-3138926		Not Applicable	
Suite Apt. #, etc		Suite, Apt #, etc.	Herena Company		5. Certificate of Status Desired	sd \$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Z _I p	Country 25	Ζιμ [29]	Countr	Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No.			199.032,	
4	9, Name and Address of Cur	 	130]		10. Name and Address of New I			
			8	Name				
WALKER, DANIEL F.			82	2 Street A	dress (P.O. Box Number is Not Acceptable)			
	SEVENTH AVENUE		8:	<u></u>				
2ND F	LOOR HASSEE FL 32303							
IALLA	INASSEE FL 32303		84	City		FL 85 Z	p Code	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WALKER, DANIEL F. 3255 CAPITAL CIR NE TALLAHASSEE FL	AND DIRECTORS DELETE TH DELETE	14 CHY 2 THEE 22 NAME 23 SHE 24 CHY 3 THEE	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS	ADDITIONS/CHANGES TO OF	Change	DRS IN 12 Add-tion Addition	
NAME STREET ADDRESS			3.2 NAM(3.3 S188	ET ADDRESS				
City-St-24P			3.4 CITY					
TITLE NAME STREET ADDRESS DITY-ST-2IP		☐ DEL€TE	4 1 TUFU 42 NAMI 43 STRE 44 CITY	ET ADORESS		☐ Change	Addition Addition	
TITLE		DELETE	5 1 1110	F		Change	☐ Add tion	
NAME STREET ACCRESS CHY+ST-ZIP			5.2 NAM: 5.3 STAE 5.4 CITY	ET ADDRESS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ DELFTE	6.4 GITY	et address St-zip		Charge	Addition	
certify that oatn; that	the information indicated on this.	annual report or supplemental a	innual report is t stee empowered	rue and ac	ety for the exemption stated in Section 11: scurate and that my signature shall have th eiths report as required by Chapter 807, I	e same lega! effect as i	if made under :	

Doynne Phone #