

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 250236

Entity Name: WALKER MILLER EQUIPMENT COMPANY, INC.**Current Principal Place of Business:**4400 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804**Current Mailing Address:**4400 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US**FEI Number:** 59-0940692**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, CONNIE L
4400 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSD
Name MILLER, CONNIE L
Address 4948 WINWOOD WAY
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name MILLER, STEVE
Address 4400 NORTH ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32804

Title VP
Name TOLBERT, ANNA J.
Address 4400 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name TOLBERT, BROOKS A
Address 4400 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32804

Title VTD
Name MILLER, CONSTANCE S
Address 4401 DOWN POINT LANE
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name MILLER, NANCY
Address 4400 NORTH ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name NETHING, RAYMOND HENRY
Address 4400 N. ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32804

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CONNIE L. MILLER**PRESIDENT****01/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date