FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State: DIVISION OF CORPORATIONS 1996 (0)**DOCUMENT #** Corooration Name J. D. WALLACE & ASSOCIATES, INC. Mailing Address Principal Place of Business 12601 U.S. HWY 19 12601 U.S. HWY 19 HUDSON FL 34667 HUDSON FL 34667 3. Date incorporated or Qualified 3a. Date of Last Report 02/22/1971 03/14/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1889839 Not Applicable 5304 Balsam Street 26 21 5304 Balsam Street \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State 6. Flection Campaign Financing \$5.00 May Be City & State New Port Richey, FL Trust Fund Contribution Added to Fees New Port Richey, FL 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıρ Yes No Florida Statutes Pasco 34652-373730 34652-3737 25 Pasco 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WALLACE, JOSIE V Street Address (P.O. Box Number is Not Acceptable) 82 5303 SEA FOREST DR. 83 **NEW PORT RICHEY FL 34652** Zip Code 84 City 85 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. INOTE: Regulated Agest signature required whomremstating Signature, types or ponted name of nightered agest and the ill are erach ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DE.FTE Change Addition 1.11006 TITLE WALLACE, BRENT 1.2 NAME NAME 5303 SEA FOREST DR. 1.3 STREET ADDRESS STREET ADDRESS **NEW PT RICHEY FL** 14 CHIY-SI-ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE WALLACE, JOSIE V 2.2 NAME NAME 5303 SEA FOREST DR. 2 3 STREET ADDRESS STREET ADDRESS NEW PT RICHEY FL 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE 32 NAME HILE NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4 1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY - ST - Z)P CITY - ST - ZIP Change ☐ Addit-on DELETE 5 1 TITLE TITLE 5.2 NAME 53 STHEET ADDRESS STREET ADDRESS 400001778204 54 CHTY-ST-ZIP CITY-ST-ZIP -04/12/96--01036--003^{change} Add-tion DELETE

14. Ido 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)(k), 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 early; that I am an officer or director of the corporation or the records 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.

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS.

6 4 CHY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

gir Helllace Josie V. Wallace TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

3/20/95 (813)842-8875

(12/95)

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