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

**PROFIT CORPORATION ANNUAL REPORT** 1997

Principal Place of Business

5304 BALSAM STREET



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 377615

(0)

Mailing Address

5304 BALSAM STREET

J. D. WALLACE & ASSOCIATES, INC.

FILED	
May 02 1997 8:00am	1
Secretary of State	

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NEW PORT RICHEY FL 34852-3737			NEW PORT RICHEY FL 34652-3737						
						Date Incorporated or Qualifit 02/22/1971	ed <b>3a.</b> Date of Last F <b>04/12/1996</b>	Report	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For	
21		26	26			59-1889839	N	ot Applicable	
Sulte, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			Contificate of Ctatus Desired	□ \$8.75	Additional	
22		27	27			5. Certificate of Status Desired Fee Required			
City & State	9	City &	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	o][o		Florida Statutes			
	9. Name and Address of Curi	rent Registered A	gent			10. Name and Address of New	Registered Agent		
	LACE, JOSIE V			8	1 Name				
	SEA FOREST DR.		82 Street Add		Address (P.O. Box Number is Not Acce	Idress (P.O. Box Number is Not Acceptable)			
NEW	PORT RICHEY FL 34652		oli oli vida		oroso (1.6. Est trained to trot soophus)				
				8	3				
* *				8	4 City		or Zin	Code	
•				*	4 City		FL  85   Zip	Codé :	
agent. I ar SIGNATURE	m familiar with, and accept the ob	ligations of, Sectic	n 607.0505, Floric	da Statut	es.	corporation submits this statement for t poration's board of directors. I hereby at		its registered registered	
<del></del>	Signature, typed or printed name of registered		ole. (NO1E: R		gent signature	rogulred when reinstating)	DATE	DO IN 40	
12.	S OFFICERS A	AND DIRECTORS	DELETE	13,		ADDITIONS/CHANGES TO O	Change	HS IN 12 Addition	
TITLE	•		peccie	1.1 11116			L	C_) Additio	
NAME	WALLACE, BRENT			1.2 NAM					
STREET ADDRESS	5303 SEA FOREST DR.				et Address				
CITY-ST-ZIP	NEW PT RICHEY FL			14CHY			· · · · · · · · · · · · · · · · · · ·	F (	
TITLE	P		☐ DELETE	2.1 TITLE			Change	Additio	
NAME	WALLACE, JOSIE V			2.2 NAM					
STREET ADDRESS	5303 SEA FOREST DR.		:	2.3 STRE	£1 ADDRESS				
CITY-ST-ZIP	NEW PT RICHEY FL			2. 4 CITY	- ST- ZIP				
TITLE			DELF 1E	3.1 TITLE			☐ Change	Additio	
NAME				3.2 NAM	E				
STREET ADDRESS				3.3 BTRE	E1 ADDRESS				
CITY-ST-ZIP				3.4. CITY	- SI - ZIP				
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NAME				4. 2 NAW	lě				
STREET ADDRESS				4.3 \$TRE	ET ADDRESS				
CITY-ST-ZIP			'	4.4 CITY	- S1 - ZIP	]			
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NAME				5.2 NAM	E				
STREET ADDRESS				4	ET ADDRESS	)			
CITY-ST-ZIP				5.4 CITY					
TITLE			DELETE	6.1 TITLE			Change	Additio	
NAME				6.2 NAM		1			
STREET ADDRESS				4	ET ADORESS				
CITY-ST-ZIP				6.4 CITY	- 51-719				

14. I do 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.