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

**PROFIT** CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

WALLER BUSINESS FORMS, INC.

## **FILED** Feb 02 1998 8:00am Secretary of State



CR2E034

Mailing Address Principal Place of Business 480 VAN PELT LANE 480 VAN PELT LANE P O BOX 37188 P O BOX 37188 PENSACOLA FL 32526 DO NOT WRITE IN THIS SPACE PENSACOLA FL 32526 3. Date Incorporated or Qualified 05/25/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2218432 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Žip Country Country Zip 8. This corporation owes or has paid the current year Intangible 30 ☐ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Green, Roger e. **480 VAN PELT LANE** 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32505 83 84 City 85 Zip Code 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** Signature, typed or printed name of registered agent and trie if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TITLE GREEN, ROGER E. NAME 1.2 NAME **480 VAN PELT LANE** 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MARSH, J. ANDREWS 22 NAME NAME 480 VAN PELT LANE STREET ADDRESS 23 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE FREDERICKSON, CHARLES E. **3.2 NAME** NAME **480 VAN PELT LANE** STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL 3.4. CITY - S1 - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 T(TL€ TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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, on an attachment with an address.