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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:45

DOCUMENT # J79613 (2)

1. Corporation Name
MONCRIEF AND WALLACE, P.A.

Principal Place of Business	Mailing Address
312 WEST FIRST STREET, SUITE 401 P.O. BOX 2269 SANFORD FL 32772-9269	312 WEST FIRST STREET, SUITE 401 P.O. BOX 2269 SANFORD FL 32772-9269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1987
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business	2a. Mailing Address
21 413 West First Street	26 413 West First Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sanford, Florida	City & State 28 Sanford, Florida
Zip 24 32771 Country 25 USA	Zip 29 32771 Country 30 USA

4. FEI Number: 59-2802108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MONCRIEF, S. KIRBY
312 WEST FIRST ST. #401
PO BOX 2269
SANFORD FL 32772-9269

10. Name and Address of New Registered Agent

81 Name: MONCRIEF, S. KIRBY
82 Street Address (P.O. Box Number is Not Acceptable): 413 WEST FIRST STREET
83
84 City: SANFORD FL 85 Zip Code: 32771

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	MONCRIEF, S. KIRBY	1.2 NAME	
STREET ADDRESS	127 CRYSTAL VIEW SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	VDS ☒ Change ☐ Addition
NAME	WALLACE, GEORGE	2.2 NAME	WALLACE, GEORGE
STREET ADDRESS	153 SANDPINE CIR	2.3 STREET ADDRESS	109 BRIERWOOD DR.
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	SANFORD, FLORIDA 32771
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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)(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.

SIGNATURE: _____ 1-25-95 407-373-3660
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0418714 FP