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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K00633

(3)

WALLACE-WILKES, INC.						
Principal Place	a of Business	Mailing Address		C (Animite mit april meite dital tittan sen e	YNDEL MICHE BEBER BEBER MEDER MEDER	
5701 DIVISION DR		5701 DIVISION DRIVE				
SUITE A FT MYERS FL 33905		SUITE A FORT MYERS FL 33905-50	1 091			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report	ort
				11/15/1987	05/01/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applie	d For
21		26		65-0020947		pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addi	
22 City & State		City & State			Fee Requir	
	3	· , , , , , , , , , , , , , , , , , , ,		Election Campaign Financing Trust Fund Contribution	\$5.00 May	
23	Country	28	Country			
24	25	29	30	8. This corporation has liability for it Florida Statutes	njangible tax under s. 195 Yes □ No	9.032,
[4]	9. Name and Address of Curre		1901	10. Name and Address of New Reg		
WILK	KES, GARY		81 Name			
	DIVISION DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable	la\	
SUIT			OZ GIROLAGAI	ESS (F.O. DOX NUMBER 18 NOT ACCOPTAGE	10)	
	MYERS FL 33905		83			
		•	84 City	***************************************	85 Zip Cod	
					FL	
SIGNATURE	Signature, typical or printed name of registered a		TE Registered Agent signature requirement	ocration submits this statement for the p tion's board of directors. I hereby accep red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	DPT	DELETE	1.1 TITLE	7,000,000,000,000,000,000,000		Addition
NAME	WILKES, GARY		1.2 NAME			-
STREET ADDRESS	1630 PINE AVE		1.3 STREET ADDRESS			
C(1Y-S1-2)/	ALVA FL		1.4 C(TY-ST+Z)P			
TITLE	DVS	DELETE	2.1 TITLE		Change	Addition
NAME	WALLACE, JERALD L.	_	2.2 NAME			
STREET ADDRESS	3826 HIDDEN ACRES CIRCLE	<u>:</u>	2.3 STREET ADDRESS	e e		
CiTY+ST-ZiP	NORTH FORT MYERS FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DEFELE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
COTY - ST - ZIP TOTLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change	Addition
NAME		[_] DELLE	4.1 IIILE 4. 2 NAME		Lat Change L	→ Makingii
STHEFT ADDRESS			4.3 STREET ADDRESS			
City+St-Zip			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
C-TY-S1 ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	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 herel	by certify that the information supplies indicated on this apputationary	ed with this filing doe not qua	ilify for the exemption stater	d in Section 119.07(3)(i), Florida Statute:	s. I further certify that the	nath-thei
imormatic Lam an o appears i	in marcated on this amount open of ifficer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or kustee empo or on an attachment with an ac	wered to execute this repoiddress.	it my signature shall have the same lega ort as required by Chapter 607, Florida S	statutes; and that my nam	1 0

Mrs. Gay Wilkes

941-694-1122

FILED

Apr 07 1997 8:00am

Secretary of State