

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 154877 (5)

1. Corporation Name

FLORIDA WALLACE, INC.



Principal Place of Business

9721 EXECUTIVE CENTER DR. #109
ST. PETERSBURG FL 33742

Mailing Address

9721 EXECUTIVE CENTER DR. #109
ST. PETERSBURG FL 33742

2. Principal Place of Business

21 111 2ND AVE. NE

2a. Mailing Address

26 111 2ND AVE NE

22 Suite, Apt. #, etc.

27 Ste. 701

23 City & State

28 St. Petersburg FL

24 Zip

25 33701

Country

29 33701

30 Country

9. Name and Address of Current Registered Agent

WALLACE, JOHN P
9721 EXECUTIVE CENTER DRIVE, 109
ST PETERSBURG FL 33702

3. Date Incorporated or Qualified

05/13/1948

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0623866

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DC
WALLACE, JOHN P
700 BEACH DRIVE NE PH-1
ST PETERSBURG FL

DS
WALLACE, WILLIAM P
1333 MONTICELLO BLVD. N.
ST PETERSBURG FL

DAS
WALLACE, MARTHA R
700 BEACH DRIVE NE PH-1
ST PETERSBURG FL

DPT
WALLACE, THOMAS R
260 RAFAEL BLVD. NE
ST PETERSBURG FL

VP
LARSON, MARK A
2540 7TH STREET N.
ST PETERSBURG FL 33704

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(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 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:

Thomas R. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Wallace

3/28/96

813-896-1610

Daytime Phone #

CR2E034 (12/95)