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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **196832** **(0)**

1. Corporation Name

WALLACE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
9721 EXECUTIVE CENTER DR. #109 PO BOX 42000 ST. PETERSBURG FL 33702	9721 EXECUTIVE CENTER DR. #109 PO BOX 42000 ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1956**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business (21)
Suite, Apt. #, etc (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc (27)
City & State (28)
Zip (29) County (30)

4. FEI Number: **59-0932685** ☐ 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 elected to be eligible for tax under S. 220.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLACE,JOHN P
700 BEACH DR NE
ST PETERSBURG FL 33701

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 of new registered agent, if appointed) (NOTE: Registered Agent signature required when applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	WALLACE,JOHN P	12 NAME	
STREET ADDRESS	700 BEACH DR NE	13 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	WALLACE,WILLIAM P	22 NAME	
STREET ADDRESS	1338 MONTICELLO BLVD N	23 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WALLACE, WILLIAM P	32 NAME	
STREET ADDRESS	1338 MONTICELLO BLVD N	33 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	34 CITY ST ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	WALLACE, MARTHA R.	42 NAME	
STREET ADDRESS	700 BEACH DR NE	43 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	
TITLE	PDT	51 TITLE	☐ Change ☐ Addition
NAME	WALLACE, THOMAS R	52 NAME	
STREET ADDRESS	260 RAFAEL BLVD.	53 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG, FL 00000	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	LARSON, MARK	62 NAME	
STREET ADDRESS	2540 7TH ST N	63 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	64 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: THOMAS R. WALLACE **4/24/95** **813-579-4775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110972 CP