

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 325894

FILED
Jun 26, 2009
Secretary of State**Entity Name:** WALLACE WELCH & WILLINGHAM INC.**Current Principal Place of Business:**300 FIRST AVENUE SOUTH
FIFTH FLOOR
ST PETERSBURG, FL 33701**New Principal Place of Business:****Current Mailing Address:**300 FIRST AVENUE SOUTH
FIFTH FLOOR
ST PETERSBURG, FL 33701**New Mailing Address:****FEI Number:** 59-1203168**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRAMLING, KEITH W
1177 42 AVENUE NE
ST. PETERSBURG, FL 33703 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WILLINGHAM, WEYMAN T JR
Address: ONE BEACH DRIVE SE, #2502
City-St-Zip: ST. PETERSBURG, FL 33701

Title: PD () Delete
Name: GRAMLING, KEITH W
Address: 1177 42 AVENUE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: CEOD () Delete
Name: GRAMLING, SCOTT B
Address: 1149 41 AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: EVPD () Delete
Name: WALLACE, ANDREW L
Address: 3301 MAPLE STREET NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: CFO () Delete
Name: SPRINGMAN, MICHAEL T
Address: 7095 DAVIT CIRCLE
City-St-Zip: LAKE WORTH, FL 34767 US

Title: SRVP () Delete
Name: CUNNINGHAM, STEPHEN T
Address: 5103 QUEEN PALM TER NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SETR (X) Change () Addition
Name: SPRINGMAN, MICHAEL T
Address: 2006 128 AVENUE EAST
City-St-Zip: PARRISH, FL 34219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH GRAMLING

PRES

06/26/2009

Electronic Signature of Signing Officer or Director

Date