FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **453015** **(0)**

1. Corporation Name

DAVID WALLER, INC.

Principal Place of Business	Mailing Address
3550 RIDGEWOOD AVE. PORT ORANGE FL 32119-3529	3550 RIDGEWOOD AVE. PORT ORANGE FL 32119-3529

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1974**

3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 — 27

City & State — 23 — 28

Zip — 24 — County — 25 — Zip — 29 — County — 30

4. FEI Number: **59-1525245** ☐ 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

ARMINIO, MICHAEL J.
3550 RIDGEWOOD AVE.
1600 BIG TREE RD.
DAYTONA BEACH FL 32119

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 Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (#12)
TYPE	PD	TYPE ☐ Change ☐ Addition
NAME	WALLER, DAVID	NAME
STREET ADDRESS	3550 RIDGEWOOD AVE.	STREET ADDRESS
CITY, ST, ZIP	PORT ORANGE FL	CITY, ST, ZIP
TYPE	VP	TYPE ☐ Change ☐ Addition
NAME	WALLER, CHERYL	NAME
STREET ADDRESS	3550 RIDGEWOOD AVE	STREET ADDRESS
CITY, ST, ZIP	PORT ORANGE FL	CITY, ST, ZIP
TYPE	ST	TYPE ☐ Change ☐ Addition
NAME	ARMINIO, MICHAEL J.	NAME
STREET ADDRESS	3550 RIDGEWOOD AVE.	STREET ADDRESS
CITY, ST, ZIP	PORT ORANGE FL	CITY, ST, ZIP
TYPE		TYPE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP
TYPE		TYPE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP
TYPE		TYPE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP

14. I declare, 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. 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: *Michael Waller* *Cheryl Waller* *[illegible]* *5/1/95*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0000900 CP