

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **516128** (6)

1. Corporation Name
D. E. WALLACE CONSTRUCTION CORP.



Principal Place of Business US 441 PO BOX 1300 ALACHUA FL 32615	Mailing Address US 441 PO BOX 1300 ALACHUA FL 32615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 2107 Suite, Apt. #, etc. 22 City & State 23 ALACHUA, FL Zip 24 32616 Country 25		2a. Mailing Address 26 P.O. Box 2107 Suite, Apt. #, etc. 27 City & State 28 ALACHUA, FL Zip 29 32616 Country 30		3. Date Incorporated or Qualified 10/08/1976	
		4. FEI Number 59-1710502		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WALLACE, DONALD EARL
9525 NW 143 ST.
ALACHUA FL 32615**

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

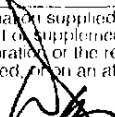
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, DONALD EARL			1.2 NAME	WALLACE, DONALD EARL		
STREET ADDRESS	9525 NW 143 ST.			1.3 STREET ADDRESS	13680 N.W. 104 TERRACE SUITE A		
CITY-ST-ZIP	ALACHUA FL 32615			1.4 CITY-ST-ZIP	ALACHUA, FL 32616		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANDRIDGE, JAMES A			2.2 NAME			
STREET ADDRESS	PO BOX 1300 - HARRELL'S IND. PK HWY 441			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, BETSEY			3.2 NAME	WALLACE, BETSEY		
STREET ADDRESS	PO BOX 1300 - HARRELL'S IN PK HWY 441			3.3 STREET ADDRESS	13680 N.W. 104 TERRACE SUITE A		
CITY-ST-ZIP	ALACHUA FL			3.4 CITY-ST-ZIP	ALACHUA, FL 32616		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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





6/22/98

604-467-1514

CR2E034 (10/97)