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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 677142

(2)

OIVISION OF CORPORTATE OF STATE OF STATE OF CORPORTATIONS OF CORPORTATIONS OF STATE OF STATE

W. CLINTON WALLACE, P.A.

				·				
Principal Place of Business Mailing Address 1125 US 98 SOUTH 1125 US 98 SOUTH P.O. BOX 177 P.O. BOX 177 LAKELAND FL 33801 LAKELAND FL 3380			SOUTH			905110		
						3. Date Incorporated or Qualified 06/30/1980	3a. Date of Last Report 02/14/1995	
Principal Pla 1	ce of Business	2a. Mailing Ad	2a. Mailing Address 26			4. FEI Number 59-2020254	Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite Apt	Suite Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Ζιρ 24	Gouritry 25	Zip 29	Gountry 30			This corporation has liability for Florida Statutes	intangible tax under s=199.032, s= ☐ No	
Name and Address of Current Registered Agent						10. Name and Address of New I	Registered Agent	
				81	Name			
WALLACE, W CLINTON				82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
1125 US 98 S.			e e	Officer violages (i.e. por rection to not violegraphy)				
LAKELAND FL 33801				83				
-								
				84	City		FL 85 Zip Code	
• registere familiar with SIGNATURE	o the provisions of Sections 607.050 suggest, or both, in the State of Florin, and accept the obligations of, Sec	rida: Such change w stron 607.0505, Flori	ras authorized by da Statutes.	the corp	oration's bo	oration submits this statement for the pulard of directors. Thereby accept the app	rpose of changing its registered office	
12.		NO DIRECTORS		13.	i syriature regu		FIGERS AND DIRECTORS IN 12	
TITLE	PTD						Change [] Addition	
NAME	WALLACE, W CLINTON			1 3 THE 12 NAME 13 STHEET ADDRESS		600001826796		
STREET ADDRESS	1125 US 98 SOUTH							
	LAKELAND FL					-05/17/9601057005		
CITY-ST-ZIP TITLE	\$	☐ DELETE		1 4 CITY - ST - ZIP 2 1 TIT: 6				
	RUTLEDGE, DONNA					600001826796		
NAME	1105 HC DR COUTH			2.2 NAME		-05/17/9601057006		
STREET ADDRESS	LAKELAND FL		Į.	2.3 STREET ADDRESS		*****8.75 ******8.75		
CITY-ST-ZIP			DO CAL	24 CITY - S	I - ZIF			
TITLE		LJ	DELETE	3 171716			Change Addition	

STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY - ST - ZIF CITY-ST-ZIP DELETE ☐ Change 4 1 TITLE Addition TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4.C-TY-ST-ZIF DELETE 5 1 T TEF Change nc.tibbA 🔲 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - S1 - 7(F) DELETE ☐ Change Add tion TITLE 6 1 THLE 6.2 NAME STREET ADDRESS **63 STREE! ADDRESS**

64 CHY-ST-ZIP

14. Tdo hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report of supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an officer or director of the example and that my name appears in Block 12 or Block 13 if changed, or on an attrichment with a laddress.

SIGNATURE:

ATURE AND PED OF PHINTED NAME OF SIGNING OFFICER OF DIRECTO

5/3/96

(941) 6881500

CR2E034 (12/95)