

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

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AND  
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**95 APR 27 AM 8:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F93000004439 (6)**  
1. Corporation Name  
**WALLER BROTHERS, INC.**

<b>Principal Place of Business</b> 11201 DANKA CIRCLE NORTH CORP. TAX ST. PETERSBURG FL 33716	<b>Mailing Address</b> 11201 DANKA CIRCLE NORTH CORP. TAX ST. PETERSBURG FL 33716
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DO NOT WRITE IN THIS SPACE.

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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<b>3. Date Incorporated or Qualified</b> 10/01/1993	<b>3a. Date of Last Report</b> 06/23/1994
<b>4. FEI Number</b> 63-0355127	<b>Applied For</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>DOYLE, DANIEL M</b>
<b>STREET ADDRESS</b>	<b>11201 DANKA CIRCLE NORTH</b>
<b>CITY - ST - ZIP</b>	<b>ST. PETERSBURG FL 33716</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>SNELL, DAVID C</b>
<b>STREET ADDRESS</b>	<b>11201 DANKA CIRCLE NORTH</b>
<b>CITY - ST - ZIP</b>	<b>ST. PETERSBURG FL 33716</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>TAYLOR, DEBRA A</b>
<b>STREET ADDRESS</b>	<b>11201 DANKA CIRCLE NORTH</b>
<b>CITY - ST - ZIP</b>	<b>ST. PETERSBURG FL 33716</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>FREEMAN, WILLIAM T</b>
<b>STREET ADDRESS</b>	<b>11201 DANKA CIRCLE NORTH</b>
<b>CITY - ST - ZIP</b>	<b>ST. PETERSBURG FL 33716</b>
<b>TITLE</b>	<b>AS</b>
<b>NAME</b>	<b>THORN, W. THOMPSON III</b>
<b>STREET ADDRESS</b>	<b>11201 DANKA CIRCLE NORTH</b>
<b>CITY - ST - ZIP</b>	<b>ST. PETERSBURG FL 33716</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

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)(4), 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:** *R. Scott Repinski* **R. SCOTT REPINSKI** **(813) 576-6003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TAX DIRECTOR** (Date) (Daytime Phone #)