

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G14233 (2)**

1. Corporation Name

**WALLACE STEWART, INC.**



Principal Place of Business

**1281 S. HICKORY STREET  
MELBOURNE FL 32901**

Mailing Address

**1281 S. HICKORY STREET  
MELBOURNE FL 32901**

3. Date Incorporated or Qualified

**12/16/1982**

3a. Date of Last Report

**11/27/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1212 S. RIVERSIDE DR.**

**26 1212 S. RIVERSIDE DR.**

4. FEI Number

**59-2238719**

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. 193.032,  
Florida Statutes. ☒ Yes ☐ No

**22**

City & State

**23 INDIALANTIC, FL**

**27**

City & State **INDIALANTIC, FL**

**28 INDIALANTIC**

**24**

Zip

**32903**

Country

**25 USA**

**29**

Zip

**32903**

Country

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRONMAN, BARRY S  
1281 SOUTH HICKORY STREET  
MELBOURNE FL 32901**

**81** Name

**KRONMAN, BARRY S**

**82** Street Address (P.O. Box Number is Not Acceptable)

**1212 S. RIVERSIDE DR.**

**83**

**84** City

**INDIALANTIC**

**FL**

**85** Zip Code

**32903**

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, if applicable

Signature typed or printed name of registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**DP  
KRONMAN, BARRY S  
1281 S HICKORY ST  
MELBOURNE, FL 32901**

☐ DELETE

**ST  
KRONMAN, NANCY  
1281 S HICKORY ST  
MELBOURNE, FL 32901**

☐ DELETE

**V  
HACKETT, ROBERT D  
1281 S. HICKORY ST  
MELBOURNE FL 32901**

☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**DP  
KRONMAN, BARRY S.  
1212 S. RIVERSIDE DR.  
INDIALANTIC, FL 32903**

☒ Change ☐ Addition

**ST  
KRONMAN, NANCY F.  
1212 S. RIVERSIDE DR.  
INDIALANTIC, FL 32903**

☒ Change ☐ Addition

**V  
HACKETT, ROBERT D  
1212 S. RIVERSIDE DR.  
INDIALANTIC, FL 32903**

☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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)(k), 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 appointment with an address.

SIGNATURE:

**ROBERT D. HACKETT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/96**

**407-676-4154**  
Daytime Phone #

CR2E034 (12/95)