

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H24141**

(4)

1. Corporation Name

WALLACE AVENUE DEVELOPMENT, INC.

Principal Place of Business

**100 WALLACE AVE
#130
SARASOTA FL 34229
US**

Mailing Address

~~223 ST. JAMES PK
OSPREY FL 34229~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1984

3a. Date of Last Report

~~05/31/1994~~

2. Principal Place of Business

2a. Mailing Address

1075 Deer Hollow Way

4. FET Number

59-2478882

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

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, ROBERT R.
223 ST. JAMES PK.
OSPREY FL 34229**

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 607.04(2) and 607.150(3), 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, thereby accept its appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.04(2), Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation's secretary

Signature of the registered agent or the corporation's secretary

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPS

NAME

ROGERS, ROBERT R.

STREET ADDRESS

100 WALLACE AVE #130

CITY- ST- ZIP

SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

**Sec./Treas.
Scott Rogers
1075 Deer Hollow Way
Sarasota FL 34232**

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

800001845338

-05/31/96--01015--021

*****200.00**

**5-1-96
DEB**

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)(b), Florida Statutes. I further certify that the information included 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 registered or limited partnership to which this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Rogers

Scott Rogers

4/29/96

941-379-9277

CR2E034 (3/95)