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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H55514

(4)

JAMES A. WALLIS, INC. Principal Place of Business Mailing Address % JAMES A. WALLIS 1956 PEPPERMILL DR % JAMES A. WALLIS 1956 PEPPERMILL DR. CLEARWATER FL 34623 CLEARWATER FL 34623-4427 3. Date incorporated or Qualified 3a. Date of Last Report 05/03/1985 04/26/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 2911 5 Buckley PT Suite, Apt #, etc. 59-2529909 21 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Wallis, James A. 1956 PEPPERMILL DR. **CLEARWATER FL 34623** 84 Zip Code 34450 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. AMES A. WAllis 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE TITLE 1.1 1016 WALLIS, JAMES A. NAME 1.2 NAME 1956 PEPPERMILL DR. STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 🔲 DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-S1-7P DELETE Change Addition TITLE 31 HRE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZID DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE 5.1 TILLE ☐ Addition NAME 5.2 NAMI STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CHY+S1-ZIP DELETE Change Addition TITLE 617016 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 eath; 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.