## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H55514 (4)

JAMES A. WALLIS, INC.

**FILED** Apr 24 1998 8:00am Secretary of State



Principal Place	26   Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   City & State   28   Zip   Country   Zip   Country   Country						-	
INVERNESS F			1	INVERNESS FL 34450				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 05/03/1985
2. Principal Place of Business 2a. Mailing Address							· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For
21				26				<b>59-2529909</b> Not Applicable
Suite, Apt. #, etc.				<u> </u>				5 Certificate of Status Desired \$8.75 Additional
22 City & State			27	City & State				Fee Required
23								6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	Country						/	8. This corporation owes or has paid the current year Intangible
24	25 29 30				30			Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent WALLIS, JAMES A.						81	Nama	10. Name and Address of New Registered Agent
						0	Name	
	11 S BUCK TERNESS F					82	Street Addre	ess (P.O. Box Number is Not Acceptable)
l luta	CUMC99 L	L 34430				83		
						84	Carr	as I 7to Codo
						94	City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was author.</li> </ol>						ed by	y the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
1	m familiar w	ith, and accept the	obligations of	of, Section 607.0505,	Florida Sta	tute	S.	
SIGNATURE	Signature, typed	or printed name of registe	red agent and title	n II applicable (N	IOTE Register	ed Age	ent signature required	od when reinstating) DATE
12.		OFFICER	S AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST			☐ DELETE	1.1	TITLE		Change Additio
NAME		, JAMES A.			i i	MAME	į	
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CITY-ST-ZIP	ortification about	a information accord	lind with thin	films does not sugify		ATY-S		Carting 110 07/07/0 Flind of Chat the Literature and the the Information

recovery 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 suppliemental 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.