

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90175 035 ***150.00

DOCUMENT # H55514

1. Corporation Name
JAMES A. WALLIS, INC.

Principal Place of Business
2911 S BUCKLEY PT
INVERNESS FL 34450
US

Mailing Address
2911 S BUCKLEY PT
INVERNESS FL 34450
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1985

4. FEI Number

59-2529909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 204 HUDSON ST

Suite, Apt. #, etc.

22 Inverness, FL

City & State

23 34452

US

Zip

Country

24

25

2a. Mailing Address

26 204 HUDSON ST

Suite, Apt. #, etc.

27 Inverness, FL

City & State

28 34452

US

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WALLIS, JAMES A.
2911 S BUCKLEY PT
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name

WALLIS, JAMES A.

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

204 HUDSON ST.

83 Inverness

84 City

FL

85 Zip Code

34452

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 James A. Wallis PST

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

James A. Wallis

April 21, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE
NAME WALLIS, JAMES A.
STREET ADDRESS 2911 S BUCKLEY PT
CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition
1.2 NAME WALLIS, JAMES A.
1.3 STREET ADDRESS 204 HUDSON ST
1.4 CITY-ST-ZIP Inverness, FL 34452

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE:

James A. Wallis James A. Wallis 4/21/99 (352) 341-0343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0468925