

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 # J79613 (2)

1. Corporation Name

MONCRIEF AND WALLACE, P.A.

Principal Place of Business

413 W FIRST STREET
P.O. BOX 2269
SANFORD FL 32771
US

Mailing Address

413 W FIRST STREET
P.O. BOX 2269
SANFORD FL 32771
US

2. Principal Place of Business

21 413 West First Street

Suite, Apt. #, etc.

2a. Mailing Address

26 413 West First St.

Suite, Apt. #, etc.

22 City & State

23 Sanford, Florida

24 Zip

32771

Country

25 Seminole

27 City & State

28 Sanford, Florida

29 Zip

32771

Country

30 Seminole

9. Name and Address of Current Registered Agent

MONCRIEF, S KIRBY
413 W FIRST STREET
PO BOX 2269
SANFORD FL 32771

3. Date Incorporated or Qualified

07/01/1987

3a. Date of Last Report

02/13/1995

4. FEI Number

59-2802108

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

10. Name and Address of New Registered Agent

81 Name

George B. Wallace

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

413 West First Street

83

84 City

Sanford

FL

85 Zip Code

32771

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

George B. Wallace, Pres.

George B. Wallace, Pres.

1/22/96

(Signature, print or typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
MONCRIEF, S. KIRBY
127 CRYSTAL VIEW SOUTH
SANFORD FL

☒ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
WALLACE, GEORGE
109 BRIERWOOD DR
SANFORD FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P/S/T

George B. Wallace
109 Briarwood Dr.
Sanford, FL. 32771

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE:

George B. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (407) 323-3660
Date Daytime Phone #

CR2E034 (12/95)