FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J91391** **(9)**

1. Corporation Name
W. WADE WALLACE, P.A.

Principal Place of Business
5160 HWY 98 E S-26
DESTIN FL 32541-1163

Mailing Address
5160 HWY 98 E S-26
DESTIN FL 32541-1163

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1987
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2847703 — 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

9. Name and Address of Current Registered Agent
WALLACE, W. WADE
5160 HIGHWAY 98 EAST
SUITE 26
DESTIN FL 32541

10. Name and Address of New Registered Agent
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 607.0502 and 607.0508, 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

12. OFFICERS AND DIRECTORS

Title	DP
Name	WALLACE, W. WADE
Street Address	5160 HWY 98 E., STE. 26
City, St, Zip	DESTIN FL
Title / Name / Street Address / City, St, Zip	
Title / Name / Street Address / City, St, Zip	
Title / Name / Street Address / City, St, Zip	
Title / Name / Street Address / City, St, Zip	
Title / Name / Street Address / City, St, Zip	
Title / Name / Street Address / City, St, Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title / Name / Street Address / City, St, Zip	☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip	☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip	☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip	☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip	☐ Change ☐ Addition
Title / Name / Street Address / City, St, Zip	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not apply for the corporate status or tax law (F.S. 607.0505), Florida Statutes. I further certify that the information contained in the 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 person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or is attached with an address.

SIGNATURE: W. Wade Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. WADE WALLACE, PRESIDENT

4/28/95 (904)837-0155

03P0760 CP