

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 # 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

3. Date Incorporated or Qualified

09/04/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 10221 W. Emerald Coast Pkwy

2a. Mailing Address

26 10221 W. Emerald Coast Pkwy

4. FET Number

59-2847703

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 26

Suite, Apt. #, etc.

27 Suite 26

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Destin, FL

City & State

28 Destin, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 32541-4968

Country

25 USA

Zip

29 32541-4968

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

g. 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

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)  
10221 W. Emerald Coast Parkway

63 Suite 26

64 City

Destin

FL

65 Zip Code

32541-4968

11. Pursuant to the provisions of Sections 607.0532 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

Signature, typed or printed name of registered agent (and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME WALLACE, W. WADE  
STREET ADDRESS 5160 HWY 98 E., STE. 26  
CITY-ST-ZIP DESTIN 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 DP ☒ Change ☐ Addition  
1.2 NAME Wallace, W. Wade  
1.3 STREET ADDRESS 10221 W. Emerald Coast Parkway  
1.4 CITY-ST-ZIP Destin, FL 32541-4968

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 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:

W. Wade Wallace

W. Wade Wallace

4/18/96

(904)837-0155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)