

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 # L38011

(7)

1. Corporation Name

WALLENBROCK SUPPLY, INC.



Principal Place of Business

1870 BOYSCOUT DRIVE  
SUITE 301  
FT. MYERS FL 33907  
US

Mailing Address

1870 BOYSCOUT DRIVE  
SUITE 301  
FT. MYERS FL 33907  
US

3. Date Incorporated or Qualified  
12/22/1989

3a. Date of Last Report  
08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0161598

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

10. Name and Address of New Registered Agent

WALLENBROCK, NORMA L.  
1701 HENDRY STREET  
FORT MYERS FL 33901

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 607.1508, 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 to whom applicable)

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

T  
NAME  
WALLENBROCK, NORMA L.  
STREET ADDRESS  
17140 PLEASURE RD.  
CITY-STATE-ZIP  
CAPE CORAL FL

☐ DELETE

P  
NAME  
WALLENBROCK, NORMA L.  
STREET ADDRESS  
17140 PLEASURE RD.  
CITY-STATE-ZIP  
CAPE CORAL FL

☐ DELETE

T  
NAME  
WALLENBROCK, GLEYN F.  
STREET ADDRESS  
1870 BOYSCOUT DRIVE # 301  
CITY-STATE-ZIP  
FORT MYERS FL

☐ DELETE

S  
NAME  
LUCAS, DAWN A.  
STREET ADDRESS  
1870 BOYSCOUT DRIVE # 301  
CITY-STATE-ZIP  
FORT MYERS FL

☐ DELETE

DV  
NAME  
WALLENBROCK, CHERI L.  
STREET ADDRESS  
2425 MISSION ROAD  
CITY-STATE-ZIP  
TALLAHASSEE FL

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

GLEYN F. WALLENBROCK III  
17 FEB 96 Via President 813-936-9111

CR2E034 (12/95)