

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 21 1997 8:00am
Secretary of State

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 33907-2113
US**

3. Date Incorporated or Qualified

12/22/1989

3a. Date of Last Report

03/04/1996

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

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

9. Name and Address of Current Registered Agent

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

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
officer 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 of officer or director of the corporation, to be signed and dated if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALLENBROCK, NORMA L.	
STREET ADDRESS	17140 PLEASURE RD.	
CITY- ST- ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALLENBROCK, NORMA L.	
STREET ADDRESS	17140 PLEASURE RD.	
CITY- ST- ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALLENBROCK, GLEYN F.	
STREET ADDRESS	1870 BOYSCOUT DRIVE # 301	
CITY- ST- ZIP	FORT MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUCAS, DAWN A.	
STREET ADDRESS	1870 BOYSCOUT DRIVE # 301	
CITY- ST- ZIP	FORT MYERS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WALLENBROCK, CHERI L.	
STREET ADDRESS	2425 MISSION ROAD	
CITY- ST- ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Gleyn F. Wallenbrock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128 FEB 97

1941-936-8011

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CR2E034 (9/96)