

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0119709

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L54600

(6)

1. Corporation Name

WALLY & WILCOX, INC.



Principal Place of Business

4524 CURRY FORD ROAD, #532  
ORLANDO FL 32812

Mailing Address

4524 CURRY FORD ROAD, #532  
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1990

4. FEI Number

59-3002703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐☐

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2431 ALOMA AVE

Suite, Apt. #, etc.

22 #124

City & State

23 WINTER PARK FL

Zip

24 32792

Country

2a. Mailing Address

26 2431 ALOMA AVE

Suite, Apt. #, etc.

27 #124

City & State

28 WINTER PARK FL

Zip

29 32792

Country

9. Name and Address of Current Registered Agent

WOODALL, H.L.

4524 CURRY FORD ROAD, #532  
ORLANDO FL 32801

81 Name

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

2431 ALOMA AVE

83

#124

84 City

WINTER PARK

FL

85 Zip Code

32792

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	[ ] DELETE
NAME	WOODALL, H.L.	
STREET ADDRESS	1812 LORENA LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	[ ] DELETE
NAME	WOODALL, H.L.	
STREET ADDRESS	1812 LORENA LANE	
CITY-ST-ZIP	ORLANDO 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[X] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	2431 ALOMA AVE #124
1.4 CITY-ST-ZIP	WINTER PARK FL 32792
2.1 TITLE	[X] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	2431 ALOMA AVE #124
2.4 CITY-ST-ZIP	WINTER PARK FL 32792
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 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:

*[Signature]*

8/3/98 407/645-0966

CR2E034 (5/98)