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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002572					
1. Corporation Name WALLACE DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 1200 WEST 2 ST RIVIERA BEACH FL 33404			Mailing Address 1200 WEST 2 ST RIVIERA BEACH FL 33404		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Created 05/04/1998 4. FEI Number 31-1609034 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent WALLACE, JUANITA 501 W 1ST STREET RIVIERA BEACH FL 33404				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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	JUANITA A. WALLACE
STREET ADDRESS		1.3 STREET ADDRESS	1200 W. 2nd STREET
CITY-ST-ZIP		1.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	FAITH W. CLOUGH
STREET ADDRESS		2.3 STREET ADDRESS	501 W. FIRST STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	RIVIERA BEACH, FLA 33404
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	SECRETARY D
STREET ADDRESS		3.3 STREET ADDRESS	GWENDOLYN McDONALD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1249 W. 10th ST
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAITH W. CLOUGH FAITH W. CLOUGH V.P. 11/5/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/88)