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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01785

1. Corporation Name

WALLACE PUMP AND SUPPLY COMPANY, INC.

Principal	Place	of	Business
DO DOV	467		

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90047 042 ***150.00



e or business	Mailing Address							
	PO BOX 157							
. 36010	BRUNDIDGE AL 36010			DO NOT	WOITE IN THIS	SPACE		
•				•	illea			
2. Principal Place of Business 2a. Mailing Address						-		
	26			63-0339606				5.
#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	ed 🗆	7	I	
	27					Fee R	equired	
9	City & State			6. Election Campaign Finance	cing _		· .	
_	28			Trust Fund Contribution		Added	to Fees	
Country	Zip	Countr	ry	8. This corporation owes the	current year Inta		_	
25	29 3	10		Personal Property Tax.			□No	
9. Name and Address of Current	Registered Agent			10. Name and Address of N	lew Registered A	\gent		
•		8	1 Name				ļ	
LACE, THOMAS, C		-	2	Janes (D.O. Bay Number is Not As	nontoble)			
NORTH 15TH STREET		*	2 Street Add	dress (P.O. Box Number is Not Ac	ceptable)			
ICO BEACH FL 32410		8:	3					
		L						
		8	4 City		EI	85 Zip	Code	
		<u>_</u>		- 1		thomaine ite	rogistored	
to the provisions of Sections 607.0502 egistered agent, or both, in the State σ m familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florid	s, the abo horized b da Statute	ve-named colly the corporales.	rporation submits this statement to tion's board of directors. I hereby a	accept the appoin	tment as re	egistered	
4-								
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Ag	ent signature requi	ired when reinstating)	DATE			
		<u> </u>		ASSITIONS (SUBMISSES TO	OFFICEDS AN	D DIDECT	200 IN 12	í
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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, with all other like empowered.

SIGNATURE:)