

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000010383 (5)**

1. Corporation Name

**K.A. WALLACE, INC.**



Principal Place of Business

**5671 DIVISON DR.  
FT. MYERS FL 33905**

Mailing Address

**5671 DIVISON DR.  
FT. MYERS FL 33905**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**27**

**22**

City & State

**28**

City & State

**23**

Zip

**29**

Zip

**24**

Country

**30**

Country

**9. Name and Address of Current Registered Agent**

**HOLLAND, DOUGLAS R  
5671 DIVISON DR.  
FORT MYERS FL 33905**

**81** Name

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

**83**

**84** City

**FL** **85** Zip Code

**10. Name and Address of New Registered Agent**

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, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

**12. OFFICERS AND DIRECTORS**

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>DELETE</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>HOLLAND, DOUGLAS R</b>		<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>5671 DIVISION DR.</b>		<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33905</b>		<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>DELETE</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>WALLACE, KENNETH A</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>5671 DIVISION DRIVE</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>FORT MYERS FL</b>		<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>			<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>			<b>6.4 CITY-ST-ZIP</b>	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/96** **941-693-5040**

Daytime Phone #

CR2E034 (12/95)