

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 15 PM 3:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000016771

1. Corporation Name

Wall Amusement Company, Inc.

Principal Place of Business

Mailing Address

**300001491793
-05/17/95--01138--024
****225.00 ****225.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **March 3, 1994** 3a. Date of Last Report **1994**

4. FEI Number **59-3228119** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 9500 North Trask

25 211 South Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa, FL 33624

28 Tampa, FL 33624

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Caroline Sue Wall
9500 North Trask
Tampa, FL 33624**

81 Name Stephen W. Jones
82 Street Address (P.O. Box Number is Not Acceptable) 211 South Dale Mabry Hwy.
83
84 City Tampa FL 85 Zip Code 33609

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 of the person who is the registered agent and who is not the corporation's officer or director

Stephen W. Jones 05-03-95

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P,D
NAME Caroline Sue Wall
STREET ADDRESS 9500 North Trask
CITY ST ZIP Tampa, FL 33624

TITLE V,D
NAME Brent Wall
STREET ADDRESS 9500 North Trask
CITY ST ZIP Tampa, FL 33624

TITLE S,D
NAME Dennis Wall
STREET ADDRESS 9500 North Trask
CITY ST ZIP Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(3)(b), 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:

Caroline Sue Wall

Caroline Sue Wall 5/3/95 813-875-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR