

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000064747 (6)

1. ~~SEARCHED~~

BALL-E-WALL CORP.

APPROVED  
AND  
FILED

95 APR 27 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4000 71ST ST.  
ST. PETERSBURG FL 33709

Mailing Address

4000 71ST ST.  
ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. # etc.

26 Mailing Address

27 Suite, Apt. # etc.

3. Date Incorporated or Qualified  
09/01/1994

3a. Date of Last Report  
Applied For  
Not Applicable

City & State

23 City

28 City & State

29 City

4. FEI Number  
59-3266541

\$8.75 Additional  
Fee Required

Zip

24 Zip

30 Zip

5. Certificate of Status Desired  
□ Election Campaign Financing  
Trust Fund Contribution  
6. Florida Statutes  
This corporation has liability for intangible tax under S-199 (002)  
Florida Statutes  Yes  No

7. Name and Address of Current Registered Agent

BALL, ALAN  
4000 71ST STREET  
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL Zip Code

N/A

11. Pursuant to the provisions of Sections 607.1501 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.1505, Florida Statutes.

SIGNATURE

ALAN BALL PRESIDENT

4000 71ST STREET

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	3.1 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4	4.1 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5	5.1 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my title appears in Block 12 or Block 13 if changed, or on an attachment thereto and otherwise.

SIGNATURE:

SIGNATURE AND NAME OF AUTHORIZED NAME OF OFFICER OR DIRECTOR

APRIL 30 1995 8:58:2679  
State of Florida  
0445874 FP