

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

AMENDED
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 AM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D94000080014

1. Corporation Name

NORTH OF THE WALL, Inc

Principal Place of Business

Mailing Address

6495 Turtle Mound Rd.
New Smyrna Beach, FL
32169

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10-31-94

4. FEI Number

59-3289832

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ian L. Gilden
202 Lookout Place Suite 110
Maitland, Florida 32794

81 Name

Teressa Rose Spada

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

6495 Turtle Mound Rd Suite B

83

84

New Smyrna Beach FL 32169

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

Teressa Rose Spada

4-1-95

12. OFFICERS AND DIRECTORS

NOTE: Registered Agent signature required when registering

DATE

12.1 TITLE

President

12.2 NAME

Teressa Rose Spada

12.3 STREET ADDRESS

8741 S. Atlantic Ave

12.4 CITY, ST, ZIP

New Smyrna Beach, FL 32169

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY, ST, ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

P/S/T/D

Teressa Rose Spada

P.O. Box 2178 NIA

New Smyrna Beach, FL 32170

☐ Change ☐ Addition

000001460220

-04/19/95--0103940000

*****70.00 *****70.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that I am an officer or director of this corporation or its 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:

Teressa Rose Spada President

4-1-95

904.927.3912

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

Teressa Rose Spada

4-1-95