

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:26

DOCUMENT # P94000084519 (5)

1. Corporation Name

WALLACE LINCOLN MERCURY, INC.

Principal Place of Business

LINTON BLVD. & I-95
DELRAY BEACH FL 33444

Mailing Address

LINTON BLVD. & I-95
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/18/1994

4. F-1 Number

65-0522036

Approved For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has adopted the corporate tax election in 100 (112)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3626 Northlake Blvd.

26 P.O. Box 9002

State Apt #, etc

State Apt #, etc

22

27

City & State

City & State

23 Lake Park, FL

28 Delray Beach, FL

24

29

34403

33447-9002

30

USA

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, WILLIAM L
LINTON BLVD. & I-95
DELRAY BEACH FL 33444

81 Name

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

83

84 City

FL

85 Zip Code

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 current registered agent and the applicable

(Signature of new registered agent and the applicable

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WALLACE, WILLIAM L
STREET ADDRESS	P.O. BOX 9002 (N/A)
CITY, ST, ZIP	DELRAY BEACH FL 33447-9002
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	D/P/T	☒ Change ☐ Addition
12 NAME	William L. Wallace	
13 STREET ADDRESS	I-95 & Linton Blvd.	
14 CITY, ST, ZIP	Delray Beach, FL 33444	
21 TITLE	V/S	☐ Change ☒ Addition
22 NAME	Lee Smith	
23 STREET ADDRESS	I-95 & Linton Blvd.	
24 CITY, ST, ZIP	Delray Beach, FL 33444	
31 TITLE	AS	☐ Change ☒ Addition
32 NAME	Kathleen S. Wallace	
33 STREET ADDRESS	I-95 & Linton Blvd.	
34 CITY, ST, ZIP	Delray Beach, FL 33444	
41 TITLE	AS	☐ Change ☒ Addition
42 NAME	P. Christopher Woods	
43 STREET ADDRESS	I-95 & Linton Blvd.	
44 CITY, ST, ZIP	Delray Beach, FL 33444	
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 report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information reflected 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 a partner 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 of this report, or on all previous annual reports.

SIGNATURE:

William L. Wallace

William L. Wallace 6/8/95

407-278-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR