FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000106580

1. Corporation Name

WALLIN PROPERTIES, INC.

Principal Plac	e of Business	Mailing Address					HB 19181 HBHH BB	ill golli golbi il	INII 88119 MISAL BSINI		
204 CEDAR PARK CIRCLE		204 CEDAR PARK CIRCLE									
		SARASOTA FL 34242									
									THIS SPACE	··	7
							orated or Qua	alifed			ĺ
					1	2/23/199	<u>8</u>				1
Principal Place of Business 2a. Mailing Address					4. F	4. FEI Number 0891154				pplied For	1
21 26										lot Applicable	4
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. (5: Certifcate of Status Desired \$8.75 Additional Fee Required					
City & Stat	te	City & State		-	6. E	Election Car	npaign Finar	icing	\$5.00	May Be	İ
23		28			1	Trust Fund Contribution Added to Fees					
		Zip	Zip Country			8. This corporation owes the current year Intangible					ł
24	25 29 30					Personal Property Tax. ☑ Yes ☐ No					1
	9. Name and Address of Current	Registered Agent			10. I	Name and	Address of	lew Registe	ered Agent		4
WALL	JN, WALTER W		8			TER	<u>C.</u>	NALL	1.11		
4828 OCEAN BOULEVARD			82	ZI Street A	ddress (P.	D. Box Num	per is Not A		ar		1
SARA	ASOTA FL 34242		8:	3	7				<u> </u>		1
				<u> </u>					Table:		-
			84	6 City	401	and	ta		FL 85 交	ピュリン	
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	if Florida. Such change was autho	rized b	v the corpor	orporation ration's boa	submits this ard of directo	statement fors. I hereby	or the purpos	se of changing it	s registered egistered	
agent. I a	um familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statute	s .							
SIGNATURE	Signature, typed or printed name of registered agent	and the it applicable (MOTE: Box	ntared Am	ent signature rec	outrad when rai	netation)		DAT			١.
12.	OFFICERS AND		13.	ent signature rec			CHANGES T		S AND DIRECT	ORS IN 12	1 3
TITLE			1.1 TITLE						Change		1;
NAME	WALLIN, THOMAS W			2 NAME							1
STREET ADDRESS				ET ADDRESS							}
CITY-ST-ZIP			1.4 CITY-								3
TITLE	D	DELETE 2.111							Change	☐ Addition	18
NAME	WALLIN, WALTER C		2.2 NAME								Ī
STREET ADDRESS				ETADDRESS							Ì
CITY-ST-ZIP	SARASOTA FL 34242	4		ST-ZIP						• •	1
TITLE	0		3.1 TITLE					···	. [] Change	☐ Addition	1
NAME	WALLIN, LINDA F		3.2 NAME	.							
STREET ADDRESS			3.3 STREI	ET ADDRESS							-
CITY-ST-ZIP	SARASOTA FL 34242		3.4. CITY-								
TILE	D		4.1 TITLE					,	Change	☐ Addition	1
NAME	WALLIN, KATHY D	•	4. 2 NAME								-
	204 CEDAR PARK CIRCLE	j	4.3 STRE	ET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34242	1	4.4 CITY-								1
TITLE	OTHER DESIGNATION OF THE PERSON OF THE PERSO		5.1 TITLE						☐ Change	☐ Addition	1
NAME			5.2 NAME								}
STREET ADDRESS	ļ		5.3 STRE	ET ADORESS							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP.

TITLE

NAME

☐ DELETE

Change

Addition

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90072 032 ***150.00