

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S53820** (4)

1. Corporation Name

SOUTH WALTON EQUITIES, INC.



Principal Place of Business

**5160 HIGHWAY 98 EAST
SUITE 26
DESTIN FL 32541**

Mailing Address

**5160 HIGHWAY 98 EAST
SUITE 26
DESTIN FL 32541**

3. Date Incorporated or Qualified
05/17/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 10221 W. Emerald Coast Pkwy **26 10221 W. Emerald Coast Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 26

27 Suite 26

City & State

City & State

23 Destin, FL

28 Destin, FL

Zip
24 32541-4968

Country
25 USA

Zip
29 32541-4968

Country
30 USA

4. FEI Number
59-3110117

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, W. WADE
5160 HIGHWAY 98 EAST
SUITE 26
DESTIN FL 32541**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
10221 W. Emerald Coast Pkwy.

83 Suite 26

84 City
Destin

FL

85 Zip Code
32541-4968

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PTD
WALLACE, DANICE M**
STREET ADDRESS
58 SARASOTA ST.
CITY-ST-ZIP
DESTIN FL

TITLE ☐ DELETE

NAME
**VSD
WALLACE, W. W**
STREET ADDRESS
58 SARASOTA ST.
CITY-ST-ZIP
DESTIN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(3)(k), 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:

Danice M. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danice M. Wallace

4/18/96
Date

(904)837-0155
Daytime Phone #

CR2E034 (12/95)