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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S66680** **(7)**

1. Corporation Name
WALLACE & WALLACE COMMUNICATIONS, INC.

Principal Place of Business
1047 SHADOW WOOD CRT
LAKELAND FL 33813

Mailing Address
1047 SHADOW WOOD CRT
LAKELAND FL 33813

3. Date Incorporated or Qualified: **07/11/1991**
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business
21: 654 JESSANDA CIR
22: Suite, Apt. #, etc.
23: City & State: LAKELAND, FL
24: Zip: 33813 25: Country: USA

2a. Mailing Address
26: P.O. Box 7089
27: State, Apt. #, etc.
28: City & State: LAKELAND, FL
29: Zip: 33813-7089 30: Country: USA

4. FEI Number: **59-3075028** ☐ 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

WALLACE, JAMES E.
1047 SHADOW WOOD CT
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name: WALLACE, JAMES E.
82 Street Address (P.O. Box Number is Not Acceptable): 654 JESSANDA CIR
83:
84 City: LAKELAND FL 85 Zip Code: 33813

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: James E. Wallace (Signature of registered agent) 1/20/96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JAMES E. 1047 SHADOW WOOD CT LAKELAND FL ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	PRESIDENT WALLACE, JAMES E. 654 JESSANDA CIR. LAKELAND, FL 33813 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, BRENDA JUNE 1047 SHADOW WOOD CT LAKELAND FL ☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	V-PRESIDENT WALLACE, BRENDA J. 654 JESSANDA CIR. LAKELAND, FL 33813 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: James E. Wallace JAMES E. WALLACE 1/20/96 941-644-5298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #