

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S84314** (1)

1. Corporation Name
R-J. WALLACE & ASSOC., INC.

Principal Place of Business
**9651 HOOD RD
STE B
JACKSONVILLE FL 32223
US**

Mailing Address
**9651 HOOD RD
STE B
JACKSONVILLE FL 32257-1127
US**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
10/02/1991

3a. Date of Last Report
04/23/1996

4. FEI Number
59-3088684

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, ROBERT J.
12426 VALPARISO TRAIL
JACKSONVILLE FL 32223**

81 Name

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

104 Sunfview Drive # 2303

83

84 City **Palm Coast**

FL

85 Zip Code **32137**

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: *Robert J. Wallace*
Signature of registered agent and title if applicable

Robert J. Wallace
(NOTE: Registered Agent signature required when reinstating)

4-23-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WALLACE, ROBERT JOEL**
STREET ADDRESS **12426 VALPARISO TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **104 Sunfview Drive # 2303**
1.4 CITY-ST-ZIP **Palm Coast FL 32137**

TITLE **SD** ☐ DELETE
NAME **WALLACE, VICTORIA IRAL**
STREET ADDRESS **12426 VALPARISO TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **104 Sunfview Drive # 2303**
2.4 CITY-ST-ZIP **Palm Coast FL 32137**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Wallace
Robert J. Wallace

Date

Daytime Phone #

904-262-4239
6900

CR2E034 (9/96)