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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29809 (3)

1. Corporation Name
WALLACE FENCE COMPANY, INC.

Principal Place of Business	Mailing Address
~~350 DOG TRACK ROAD~~ ~~SUITE 6~~ ~~LONGWOOD FL 32750~~	~~350 DOG TRACK ROAD~~ ~~SUITE 6~~ ~~LONGWOOD FL 32750~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 688 Ruta De Arbol	26 688 Ruta De Arbol
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Apopka	City & State: 28 Apopka
Zip: 24 32712 Country: 25 Orange	Zip: 29 32712 Country: 30 Orange

4. FEI Number: 59-3118662 ☐ 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. The 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
ROWELL, ANN K. 350 DOG TRACK ROAD SUITE 6 LONGWOOD FL 32750	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: Ann K. Rowell Pres. ANN K. ROWELL, PRES. 4-27-95
(Typed or printed name of person signing) (Title) (Registered Agent's signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	VDS	11 TITLE	☐ Change ☐ Addition
02 NAME	WALLACE, GEORGE W., JR.	12 NAME	
03 STREET ADDRESS	350 DOG TRACK ROAD, #6	13 STREET ADDRESS	
04 CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	
01 TITLE	PTD	21 TITLE	☐ Change ☐ Addition
02 NAME	ROWELL, ANN K.	22 NAME	
03 STREET ADDRESS	350 DOG TRACK ROAD, #6	23 STREET ADDRESS	
04 CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	
01 TITLE		31 TITLE	☐ Change ☐ Addition
02 NAME		32 NAME	
03 STREET ADDRESS		33 STREET ADDRESS	
04 CITY ST ZIP		34 CITY ST ZIP	
01 TITLE		41 TITLE	☐ Change ☐ Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY ST ZIP		44 CITY ST ZIP	
01 TITLE		51 TITLE	☐ Change ☐ Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY ST ZIP		54 CITY ST ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this 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: Ann K. Rowell ANN K. ROWELL PRES. 4-27-95 407-889-8882
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR (Date) (Telephone Number)

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