

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 # **V29809** (3)

1. Corporation Name

WALLACE FENCE COMPANY, INC.



Principal Place of Business

**688 RUTA DE ARBOL
SUITE-6
APOPKA FL 32712
US**

Mailing Address

**688 RUTA DE ARBOL
SUITE-6
APOPKA FL 32712
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

04/15/1992

3a. Date of Last Report

05/01/1995

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. 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

**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

Apopka

FL

85

Zip Code

32712

11. Pursuant to the provisions of Sections 607.0602 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

Ann K. Rowell, Pres.

4-28-96

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 **VDS**
STREET ADDRESS **WALLACE, GEORGE W., JR.**
CITY-ST-ZIP **350 DOG TRACK ROAD, #6**
LONGWOOD FL

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **ROWELL, ANN K.**
CITY-ST-ZIP **350 DOG TRACK ROAD, #6**
LONGWOOD 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **688 Ruta De Arbol**
1.4 CITY-ST-ZIP **Apopka, FL 32712**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **688 Ruta De Arbol**
2.4 CITY-ST-ZIP **Apopka, FL 32712**

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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:

Ann K. Rowell

Ann K. Rowell, Pres.

4-28-96

407-884-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)