Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90119 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V34133

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TILE

NAME

WALL THINGS, INC.

	_					
Principal Place	e of Business	Mailing Address	Mailing Address) (45) Sugar (inc size of the cut size) and size of the cut si
2747 CAPITAL (TALLAHASSEE ! US		2747 CAPITAL CIRCLE NE TALLAHASSEE FL 32308 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/06/1992
D. D. J. LOW. C.						4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address						59-3135688 Not Applicable
21 26 Suite, Apt. #, etc			_		_	\$8.75 Additional
22 27			to the property of			5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing 55.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country 25	Zip	30	ountry		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
O'CONNELL, STEPHEN C. JR.				82 Street Address (P.O. Box Number is Not Acceptable)		
1351 E TENNESSEE ST						
IALL	AHASSEE FL 32308			83		·
				84	City	85 Zip Code
						FL 63 24 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	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE, Registe	red Agent	signature r	required when reinstating) DATE
12.	OFFICERS AN		1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELET	Œ 1.1	1.1 TITLE		Change Addition
NAME	O'CONNELL, GALE		1.3	1.2 NAME		mus anatal cincle, N.F.
STREET ADORESS	1922 BAUM RD		1.3	STREET	ADDRESS	2747 CAPITAL CIRCLE, N.E. THILAHASSEE, FL 32308
CITY-ST-ZIP	TALLAHASSEE FL		1.4	1.4 City-St-ZiP		TAILAHASSEE, FL 32308
TITLE	D	☐ DELE	E 2.	1 TMLE		☐ Change ☐ Addition d
NAME	O'CONNELL, STEPHEN JR.		2.2	NAME		
STREET ADDRESS	1351 E TENNESSEE ST		. 2.5	3 STREET	ADDRESS	~ ~ ~
CITY-ST-ZIP	TALLAHASSEE FL			4 CITY-S	Γ- ZIP	
IIIFE		☐ DELET	E 3.	TITLE		Change Addition
NAME			3.3	2 NAME		
STREET ADDRESS			3.3	STREET	address	
CITY-ST-ZIP				4. CITY-S	r-zip	
TITLE		☐ DELE1	- "	TITLE		☐ Change ☐ Addition
NAME				2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-ST	-ZIP	Charac Addition
TTLE		☐ DELET		TITLE		Change Addition
NAME				2 NAME	ADDOCCO	
STREET ADDRESS				SIREEI CITY-ST	ADDRESS	
	1		■ 3.4	+ UII T- 3 I	*411	, ·

14. I 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

∩ DELETE

SIGNATURE

Change

☐ Addition