FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56707** **(5)**

1. Corporation Name
WALLER INDUSTRIES INC.

Principal Place of Business	Mailing Address
4575 NORTH UNIVERSITY DR. FT. LAUDERDALE FL 33351	5084 ASHLEY LAKE DR 9-33 BOYNTON BCH FL 33437 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 5324 Courtney Cir.
22: Suite, Apt. #, etc.
23: City & State: Boynton Bch FL.
24: Zip: 33437 25: County: US

2a. Mailing Address
26: 5324 Courtney Cir.
27: Suite, Apt. #, etc.
28: City & State: Boynton Bch FL
29: Zip: 33437 30: County: US

4. FEI Number: 65-0350641 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WALLER, CRAIG
4575 NORTH UNIVERSITY DR.
FT. LAUUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name: Craig Waller
82 Street Address (P.O. Box Number is Not Acceptable): 5324 Courtney Cir
83:
84 City: Boynton Bch FL 85 Zip Code: 33437

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE		☑ Change ☐ Addition
NAME	WALLER, CRAIG	12 NAME	Craig Waller	
STREET ADDRESS	4575 N. UNIVERSITY DR.	13 STREET ADDRESS	5324 Courtney Cir.	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Boynton Bch FL	
TITLE	S	21 TITLE		☑ Change ☐ Addition
NAME	BENHAM, TRACY	22 NAME	Tracy Benham	
STREET ADDRESS	7655 NW 42 P S265	23 STREET ADDRESS	5324 Courtney Cir.	
CITY-ST-ZIP	SUNRISE FL	24 CITY-ST-ZIP	Boynton Bch FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: C Wall 4-24-95 407-369-2163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264664 CP