SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, REINSTATEMENT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:26

DOCUMENT # **P94000084519 (5)**

1. Corporation Name

WALLACE LINCOLN-MERCURY, INC.

Principal Place of Business	Mailing Address
LINTON BLVD. & I-95 DELRAY BEACH FL 33444	LINTON BLVD. & I-95 DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3626 Northlake Blvd.	26 P.O. Box 9002
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lake Park, FL	28 City & State: Delray Beach, FL
24 Zip: 34403 25 Country: USA	29 Zip: 33447-9002 30 Country: USA

4. Fed. Number: 65-0522036 ☐ 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 subscribed for subscription has received a 100.012 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALLACE, WILLIAM L **LINTON BLVD. & I-95** **DELRAY BEACH FL 33444**	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: _____ DATE: _____
(Signature, typed or printed name of registered agent and the date as required) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY ST ZIP	D WALLACE, WILLIAM L P.O. BOX 9002 (N/A) DELRAY BEACH FL 33447-9002	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	D/P/T William L. Wallace I-95 & Linton Blvd. Delray Beach, FL 33444	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	V/S Lee Smith I-95 & Linton Blvd. Delray Beach, Fl 33444	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	AS Kathleen S. Wallace I-95 & Linton Blvd. Delray Beach, FL 33444	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	AS P. Christopher Woods I-95 & Linton Blvd. Delray Beach, FL 33444	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: William L. Wallace — William L. Wallace 6/8/95 407-278-0303
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150091 FP