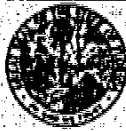


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723348 (9)
1. Corporation Name
FIRST WELLINGTON, INC.

Principal Place of Business Mailing Address
11809 POLO CLUB RD
WEST PALM BEACH FL 33414
US 11809 POLO CLUB RD
WEST PALM BEACH FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1972 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1687222 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 12785-C Forest Hill Blvd. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 West Palm Beach, FL 28
Zip 33414 Country U.S.A. 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDGAR, CHARLES W III
C/O LEVINE FRANK AND EDGAR PA
3300 PGA BLVD SUITE 500
PALM BEACH GARDENS FL 33410

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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

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	DP	1.1 TITLE	DP
NAME	MCLAUGHLIN ROBERT C.	1.2 NAME	Picconcelli, Joseph
STREET ADDRESS	11809 POLO CLUB RD	1.3 STREET ADDRESS	2567 Appaloosa Trail
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33414
TITLE	D	2.1 TITLE	VP
NAME	DEBE L. CORN	2.2 NAME	Rhoads, Sherrie
STREET ADDRESS	11809 POLO CLUB RD	2.3 STREET ADDRESS	1130 Barnstable Circle
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Bch, FL 33414
TITLE	D	3.1 TITLE	S
NAME	TIMOTHY E O CONNOR	3.2 NAME	Palencschat, Richard H.
STREET ADDRESS	3420 S SHORE BLVD	3.3 STREET ADDRESS	1530 Grantham Drive
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33414
TITLE	DVP	4.1 TITLE	T
NAME	PICONCELLI JOSEPH	4.2 NAME	Brink, Ralph J.
STREET ADDRESS	2211 ALFORD WAY	4.3 STREET ADDRESS	244 Scarborough Terrace
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33414
TITLE	S	5.1 TITLE	D
NAME	UNGER GEORGE	5.2 NAME	Jaffe, Fran
STREET ADDRESS	14344 DRAFT HORSE LANE	5.3 STREET ADDRESS	1432 Northampton Terrace
CITY-ST-ZIP	WELLINGTON FL	5.4 CITY-ST-ZIP	West Palm Bch, FL 33414
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Unger, George
STREET ADDRESS		6.3 STREET ADDRESS	14344 Draft Horse Lane
CITY-ST-ZIP		6.4 CITY-ST-ZIP	West Palm Bch, FL 33414

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature / Name