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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 APR -4 PM 11:32

DOCUMENT # **K55391** **(2)**

1. Corporation Name
WELLS BROTHERS, INC.

Principal Place of Business	Mailing Address
C/O PRESTON M. WELLS JR. 2689 PARTIN SETTLEMENT RD KISSIMMEE FL 34744	C/O PRESTON M. WELLS JR. 2689 PARTIN SETTLEMENT RD KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/03/1989
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 2651 Canoe Creek Road	26 2651 Canoe Creek Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Cloud, FL	City & State 28 St. Cloud, FL
Zip 24 34772	Zip 29 34772
Country 25 USA	Country 30 USA

4. FEI Number: 59-2922360 ☐ 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
WELLS, PRESTON M. JR. 2689 PARTIN SETTLEMENT RD KISSIMMEE FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2651 Canoe Creek Road 83 84 City: St. Cloud FL 85 Zip Code: 34772

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 marketing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	WELLS, ALEXANDER M.	12 NAME		
STREET ADDRESS	2651 PARTIN SETTLEMENT	13 STREET ADDRESS	6637 Westmont Drive	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	DVP	21 TITLE		☒ Change ☐ Addition
NAME	WELLS, PRESTON M. JR.	22 NAME		
STREET ADDRESS	2689 PARTIN SETTLEMENT	23 STREET ADDRESS	2651 Canoe Creek Road	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	DST	31 TITLE		☒ Change ☐ Addition
NAME	WELLS, HAZEL S.	32 NAME		
STREET ADDRESS	2689 PARTIN SETTLEMENT	33 STREET ADDRESS	2651 Canoe Creek Road	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	St. Cloud, FL 34772	
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)(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.

SIGNATURE: Hazel S. Wells HAZEL S. WELLS 3-27-95 (407)847-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03/1994 CP