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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K55391

(2)

WELLS BROTHERS, INC.

FILED Feb 10 1997 8:00am Secretary of State

D	F. P.					-		
Principal Place of Business Mailing Address						. cannann ann aren erene enem saidt nicht didit bildie bildit dillit dillit bildit bildit		
2651 CANOE CREEK ROAD 2689 PARTIN SETTLEMENT RD 2689 PARTIN SETTLEMENT RD								
2689 PARTIN SETTLEMENT RD ST. CLOUD FL 34772 ST. CLOUD FL 34772-6510								
US		US				3. Date Incorporated or Qualified 3a. Date of Last Report		
						01/03/1989 04/02/1996		
2. Principa I	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-2922360 Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				SR 75 Additional		
22		27				5. Certificate of Status Desired Fee Required		
City & Sta	ile	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		
Z ip	Country	Zip	— —	intry		8. This corporation has liability for intangible tax under s. 199.032,		
4	25	29	30	,		Florida Statutes Yes No		
	9. Name and Address of Curr	rent Registered Agent			NI	10. Name and Address of New Registered Agent		
	LLS, PRESTON M. JR.			61	Name			
2689 PARTIN SETTLEMENT RO				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
2651 CANOE CREEK ROAD								
SI.	CLOUD FL 34772			63				
				64	City	85 Zip Code		
					·	oration submits this statement for the purpose of changing its registered on s board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered	agent and title Lapp icable (Ne	OTE Registere	d Age	nt signature required	d when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	DELETE	1.1 To	1.1 TITLE		Change Addition		
NAME	WELLS, ALEXANDER M.		1.2 NAMI 1.3 STREI					
STREET ADDRESS					ADDRESS			
CITY-ST-Z-P	ORLANDO FL			TY-S	T-ZIP			
TITLE	DVP	☐ DELETE	2.1 Ti	TLE		Change Addition		
NAME	WELLS, PRESTON M. JR.		2.2 N	AME				
STREET ADDRESS			2.3 \$	TAEET	ADDRESS			
CITY-ST-7/P	ST. CLOUD FL		2 4 (17Y - Ş	ST-ZIP			
TITLE	DST	☐ DELETE	3.1 Ti	TLE		,, Change 🔲 Addition		
NAME	WELLS, HAZEL S.		3.2 N	AME				
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIF	ST. CLOUD FL				ST-ZIP			
TITLE		☐ DELETE	4.1 T			Change Addition		
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S	FREET	ADDRESS			
City-St-ZiP				TY·S	T - ZIP			
TITLE		☐ DELETE	5.1 Y			Change Addition		
NAME	1		5.2 N	44.65	I			
STORE LADORESC			3.2 19	TIVIT		•		

14. I do 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. I changed.

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITL€

6.2 NAME

SIGNATURE

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-20-97

<u>(407)957-2399</u>

Change

Addition