

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000049512 (4)**

1. Corporation Name

**WELLS ENTERPRISES OF NORTH FLORIDA, INC.**



Principal Place of Business

Mailing Address

3026 NW 23RD DRIVE  
GAINESVILLE FL 32605

3026 NW 23RD DRIVE  
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

08/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3263885

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fees 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, ROYCE J  
3026 NW 23RD DRIVE  
GAINESVILLE FL 32605

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

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  DELETE  
NAME **D WELLS, ROYCE J**  
STREET ADDRESS **3026 NW 23RD DRIVE**  
CITY - ST - ZIP **GAINESVILLE FL 32605**

1.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.2 NAME

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.3 STREET ADDRESS

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.2 NAME

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.3 STREET ADDRESS

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.2 NAME

SIGNATURE: *Royce J. Wells* **ROYCE J. WELLS**

4/25/96

904-377-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)