

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 288633

Entity Name: WELLS INSURANCE AGENCY INC

Current Principal Place of Business:

1161A SO 6TH ST
MACCLENLY, FL 32063

Current Mailing Address:

PO BOX 427
MACCLENLY, FL 32063

FEI Number: 59-1087867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINCLAIR, R. B.
1161 A SOUTH 6TH ST
MACCLENLY, FL 32063 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	SINCLAIR, RICHARD	Name	SINCLAIR III, RICHARD B
Address	1161 A SOUTH 6TH ST	Address	2602 HERSCHEL ST
City-State-Zip:	MACCLENLY FL 32063	City-State-Zip:	JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD SINCLAIR

V PRESIDENT

01/22/2024

Electronic Signature of Signing Officer/Director Detail

Date