

**2015 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	P	Title	VP
Name	SINCLAIR, RICHARD	Name	SINCLAIR III, RICHARD B
Address	1161 A SOUTH 6TH ST	Address	2905 DOWNING ST
City-State-Zip:	MACCLENLY FL 32063	City-State-Zip:	JACKSONVILLE FL 32205

*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 B SINCLAIR

**PRESIDENT**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date