

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 # 466462 (9)

1. Corporation Name

CLYDE N. WELLS, JR., P.A.

Principal Place of Business

11100 SAN JOSE BLVD.  
JACKSONVILLE FL 32223  
US

Mailing Address

P.O. BOX 56530  
JACKSONVILLE FL 32241-6530  
US



3. Date Incorporated or Qualified

12/20/1974

3a. Date of Last Report

03/21/1995

4. FEI Number

59-1579208

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, CLYDE N. JR  
11100 SAN JOSE BOULEVARD  
JACKSONVILLE FL FL 32223

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

1.1 TITLE ☐ Change ☐ Addition

NAME  
WELLS, CLYDE N. JR  
11100 SAN JOSE BLVD  
JACKSONVILLE FL

12 NAME  
13 STREET ADDRESS

TITLE  
D  
WELLS, CLYDE N. JR  
11100 SAN JOSE BLVD  
JACKSONVILLE FL

14 CITY-ST-ZIP  
2.1 TITLE

TITLE  
NAME  
11100 SAN JOSE BLVD  
JACKSONVILLE FL

22 NAME  
23 STREET ADDRESS

TITLE  
NAME  
11100 SAN JOSE BLVD  
JACKSONVILLE FL

24 CITY-ST-ZIP  
3.1 TITLE

TITLE  
NAME  
11100 SAN JOSE BLVD  
JACKSONVILLE FL

32 NAME  
33 STREET ADDRESS

TITLE  
NAME  
11100 SAN JOSE BLVD  
JACKSONVILLE FL

34 CITY-ST-ZIP  
4.1 TITLE

TITLE  
NAME  
11100 SAN JOSE BLVD  
JACKSONVILLE FL

42 NAME  
43 STREET ADDRESS

44 CITY-ST-ZIP  
5.1 TITLE

52 NAME  
53 STREET ADDRESS

54 CITY-ST-ZIP  
6.1 TITLE

62 NAME  
63 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Clyde N. Wells, Jr.

December 31, 1996

904-262-0600

Date

Daytime Phone #

CR2E034 (12/95)