



FILED

Mar 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 03 1997 8:00am Secretary of State	
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 32241-8530 US	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1974	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 01/30/1996	
22 City & State		27 City & State		4. FEI Number 59-1579208	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WELLS, CLYDE N. JR 11100 SAN JOSE BOULEVARD JACKSONVILLE FL FL 32223		10. Name and Address of New Registered Agent			
		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		85 Zip Code			
		FL			
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		CLYDE N. WELLS, JR.		2/27/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.1 TITLE			
1.2 NAME		1.2 NAME			
1.3 STREET ADDRESS		1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP			
2.1 TITLE		2.1 TITLE			
2.2 NAME		2.2 NAME			
2.3 STREET ADDRESS		2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP			
3.1 TITLE		3.1 TITLE			
3.2 NAME		3.2 NAME			
3.3 STREET ADDRESS		3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
4.1 TITLE		4.1 TITLE			
4.2 NAME		4.2 NAME			
4.3 STREET ADDRESS		4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
5.1 TITLE		5.1 TITLE			
5.2 NAME		5.2 NAME			
5.3 STREET ADDRESS		5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
6.1 TITLE		6.1 TITLE			
6.2 NAME		6.2 NAME			
6.3 STREET ADDRESS		6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP			
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, or on an attachment with an address.					
SIGNATURE: [Signature]					