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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

| DOCUMENT # 816853 | | | | | | |
|---|--|--------------------------------------|--------------------------|----------------|--|------------|
| 1. Corporation Name | | | | | | |
| THE WE | ALDEN COMPANY | | | | AND THE RESERVE OF THE PARTY OF | |
| | | | | | | |
| | | | | | <u> </u> | |
| Principal Place | | Mailing Address | | | | |
| 2605 82ND AVE | | 2605 82ND AVE VERO BEACH FL 32961 | | | | |
| VERO BEACH FL 32961 US VERO BEACH FL 32961 US | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | |
| - | | | | | 04/19/1963 | |
| Principal Pl | ace of Business | 2a. Mailing Address | | | | olied For |
| 21 | | 26 | | | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Fee Re | 1 |
| City & State | · · · · · · · · · · · · · · · · · · · | City & State | | | | · |
| · | | 28 | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 | |
| 23 Zip | Country | Zip | Country | , | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 30 | _ | | Personal Property Tax. | □No |
| | 9. Name and Address of Current | | <u> </u> | | 10. Name and Address of New Registered Agent | |
| | | | 81 | Name | ne * | |
| CT CORPORATION SYSTEM | | | | Street | et Address (P.O. Box Number is Not Acceptable) | |
| 1200 S. PINE ISLAND ROAD | | | | | 180 | |
| PLANTATION FL 33324 | | | 83 | | | |
| | | | 84 | City | 85 Zip (| ode |
| | | | | <u>L.,</u> | FL ⁶⁰ ^{2p} | |
| 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 ai | m familiar with, and accept the obligati | ions of, Section 607.0505, Florid | a Statutes | 3. | | } |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if explicable (NOTE: Re | nuistered Ager | nt signature f | re required when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | n agnatura i | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | RS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change | Addition |
| NAME | MINNICH, MARGARET W | | 1.2 NAME | | | |
| STREET ADDRESS | 554 LONE OAK DRIVE | | 1.3 STREET ADDRESS | | ss | |
| CITY-ST-ZIP | THOUSAND OAKS CA | | 1.4 CITY+ST-ZIP | | | |
| TITLE | STD DELETE | | 2.1 TITLE | | STD Change | ☐ Addition |
| NAME | PETTITT; JEAN W | | 2.2 NAME | | PETTITT, JEHN W SANTA BARBARA, CA 9/30 | |
| STREET ADORESS | 182.EVENS.ROAD | المثالة المستعلمات المستعدلات أأراست | 2.3 STREE | TADDRESS | SS -1001-ARBOLADO-RO | |
| CITY-ST-ZIP | | | 2.4 CITY-5 | ST-ZIP | SAUTA BARBARA ICA 7/30 | Addition |
| TITLE | 10 | | 3.1 TITLE | | WHARTON, KENNETH By | |
| NAME: | WHARTON, KENNETH B 2610 HILLEGASS AVENUE, #20 | M | 3.2 NAME | T LDDDGGG | an liver to the land DO BS | - |
| STREET ADDRESS | BERKELEY CA | <i>1</i> 4 | 6 | ADDRESS | PLEASANTON, CA 94588 | |
| CITY-ST-ZIP TITLE | D . | ☐ DELETE | 3.4. CITY-S 4.1 TITLE | 31-ZIP | Change | |
| NAME | PETTITT, DAVID J. | _ 5 | 4.1 ITEE | | PETTITT DAVID J SENTA BARBARA, CA 9130, Change | |
| STREET ADDRESS | 182 EVENS ROAD : 🕬 | | | TADDRESS | SS IDAI DAROLADO RO | |
| CITY-ST-ZIP | SUMMERLAND CA 93067 | | 4.4 CITY-S | | SANTA BARBARA CA 9/30 | / \ |
| TITLE | PD 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | ☐ DELETE | 5.1 TITLE | . — | Change | Addition |
| NAME. | MINNICH, RICHARD T. | | 5.2 NAME | | | |
| STREET ADDRESS | 554 LONE OAK DR | | 5.3 STREE | TADDRESS | ss | |
| CITY-\$T-ZIP | THOUSAND OAKS CA 54 | | 5.4 CITY-S | T-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | · | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREE | TADORESS | SS (| 1 |

14. I 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 is 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 on 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 chapter on a rattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP