

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:20

DOCUMENT # H02954

(6)

1. Corporation Name

THE STORK EXCHANGE, INC.

Principal Place of Business

Mailing Address

C/O THELMA JEAN WELLS
325 S. ORLANDO AVE., #16
WINTER PARK FL 32789

C/O THELMA JEAN WELLS
325 S. ORLANDO AVE., #16
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1984

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2410074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. 3133 Corrine Dr.
Orlando, FL 32803

2a. 3133 Corrine Dr.
Orlando, FL 32803

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 Registered Agent

WELLS, THELMA JEAN
325 S. ORLANDO AVE., #16
WINTER PARK FL 32789

81. Name

THELMA JEAN WELLS

82. Street Address (P.O. Box Number is Not Acceptable)

3133 Corrine Dr.
Orlando, FL 32803

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PST
2. NAME	WELLS, THELMA JEAN
3. STREET ADDRESS	958 DUNRAVEN DR
4. CITY- ST- ZIP	WINTER PARK FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or semi-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 incorporator 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 a new statement with an addition.

SIGNATURE:

JEAN WELLS JEAN WELLS

2-13-95 407-644-4870

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)