## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H72883**

1. Corporation Name

WELLS, INC.

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90025 037 \*\*\*150.00



i rincipal i lacc	of Business	Mailing Address					-
% KATHLEEN M	. WELLS	% KATHLEEN M. WELLS			•	1	
1701 COMMERCE AVE		1701 COMMERCE AVE			DO NOT WRITE IN THIS SPACE		
HAINES CITY FL 33844		HAINES CITY FL 33844					
				,	3. Date incorporated or Qualifed 08/26/1985		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied,For
21	والمراجعة الأكلام	26			59-2570370	No	t Applicable
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution Added to Fees		
Zip Country		Zip Country		y	8. This corporation owes the current year Intan	ngible	
24	25	29 30	7			ŬYes	□No
24	9. Name and Address of Current		<u>,                                     </u>		10. Name and Address of New Registered A	gent	
	o. Hame and Addition of California		8	1 Name	,		
WELL	ls, kathleen m.				(D.O. Davids, has in Alah Accordate)		
1700 COMMERCE AVE			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		ĺ
	ES CITY FL 33844		8:	3		<del>.</del>	-
				<b>"</b>			
•			8-	1	FL	85 Zip (	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abo	ve-named corp	poration submits this statement for the purpose of charge heart of directors. I bereity accept the appoint	nanging its	registered
office or re	egistered agent, or both, in the State α π familiar with, and accept the obligat	ot Florida. Such change was auth	iorizea o	y the corporati	on's board of directors. I hereby accept the appoint	mem as re	Jistereu
•	in laminar with, and accept the congu-						1
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ag	ent signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
TITLE	DP	□ DELETE	1,1 TITLE		•	Change	☐ Addition
NAME .	WELLS, WILLIAM C.		1.2 NAME	<b></b>	•		}
STREET ADDRESS							į
01122112212	1701-COMMERCE AVE.		1.3 STRE	ET ADDRESS			
CITY_ST_7/P	1701-COMMERCE AVE. HAINES CITY FL		1.3 STRE 1.4 CITY-				
CITY-ST-ZIP	HAINES CITY FL	☐ DELETE	l .	-ST-ZiP		Change	Addition
TILE	HAINES CITY FL DS	☐ DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		Change	Addition
TITLE NAMÉ	DS WELLS, KATHLEEN M.	☐ DELETE	1.4 CiTY- 2.1 TITLE 2.2 NAME	ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS	DS WELLS, KATHLEEN M. 1701 COMMERCE AVE.	DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WELLS, KATHLEEN M.		1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ST-ZIP	العائم المنهمية والكان المعادل العاد المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل ا 	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DS WELLS, KATHLEEN M. 1701 COMMERCE AVE.	☐ DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE	ST-ZIP  EET ADDRESSST-ZIP	العائم المنهمية والكان المعادل العاد المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل المعادل ا 		
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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 glock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

M. WELLS