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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J06297 1. Corporation Name

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90068 004 ***158.75

WELLING	ON ACADEMY, INC.	·						
Principal Place	of Business	Mailing Address						سرويس مديه فزيدها
5244 RAMSEY WAY								
		FORT MYERS FL 33907				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		1
						03/20/1986		
		2a. Mailing Address				4. FEI Number	Applie	
2. Principal Pla	ce of Business	<u> </u>				59-2606136		oplicable
21		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Addi	
Suite, Apt. #	, etc.	27				5. Certificate of Status Desires	Fee Requir	
22		City & State				6. Election Campaign Financing	\$5.00 Ma	
City & State	City & State			Trust Fund Contribution Added to Fees		ees		
23	Zin			Country		8. This corporation owes the current ye	ar Intangible ☐ Yes ☐	No
Zip	25	29	30			Personal Property Tax.		
24	9. Name and Address of Currer					10. Name and Address of New Regist	eled Agent	
	o. Italiio and the			81	Name			
JONES, FAYE O				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
5244 RAMSEY WAY						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 31 4 31 3 3 4 4 4 3	X(2,1162)
FORT	MYERS FL 33907			83				
				84	City		FL 85 Zip Co	je
					Ĺ	the statement for the purp	-f -hanning its so	gistered
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utes, the	above	e-named corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	appointment as regis	tered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505, F	lorida Sta	tutes				
agent. I ai	m farmilar with, and accept the cong						ATE	
SIGNATURE	Signature, typed or printed name of registered ag	Mark divid and is ables as		_	nt signature require	d when reinstating) D. ADDITIONS/CHANGES TO OFFICE		S IN 12
12.	OFFICERS A	IND DIRECTORS	13			75 P 1 22	☐ Change	Addition
TITLE	P	☐ DELETE		TITLE		4		ļ .
NAME	JONES, FAYE O.		II	NAME				Ì
STREET ADDRESS	5244 RAMSEY WAY				TADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33907	El acte		CITY-S	ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE		TITLE				
NAME				NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP		☐ DELETE		4 CITY- I TITLE	ST-ZIP			☐ Addition
TITLE							☐ Change	_
NAME		- Deceie				<u> </u>	∐ Change	
	Transfer of Miles and Company	- DESCRI	3.2	NAME		and the second of the second	Change	44 472M (1923)
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			3.2 3.3 3.4	NAME STREE	ET ADDRESS ST-ZIP	を行うなくない。 1970年 日本の 1970年	Change	
STREET ADDRESS		☐ DELETE	3.2 3.3 3.4 4.1	NAME STREE 4. CITY- 1 TITLE	ET ADDRESS ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP TITLE	1,4,545 1,1,5		3.2 3.3 3.4 4.1 4.	NAME 3 STREE 4 CITY- 1 TITLE 2 NAME 3 STREE	ET ADDRESS	等。可以可以可以可以可以不是 可以可以可以可以可以可以不是 可以可以可以可以可以可以可以 可以可以可以可以可以可以 可以可以可以可以		Addition
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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 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 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, with all other like empowered.

SIGNATURE: