


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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J11755 (2)  
1. Corporation Name  
WELLSPRING LIMITED, INC.

Principal Place of Business 6700 S. FLORIDA AVENUE, SUITES 22 & 24 LAKELAND FL 33813	Mailing Address P.O. BOX 7015 LAKELAND FL 33807 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3579 S. Access Rd. Suite, Apt. #, etc. 22 Suite F City & State 23 Englewood FL Zip 24 34224 Country 25 USA		2a. Mailing Address 26 P.O. Box 1925 Suite, Apt. #, etc. 27 City & State 28 Englewood FL Zip 29 34295 Country 30 USA		3. Date Incorporated or Qualified 04/28/1986	4. FEI Number 59-2666607 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--	---	--	--	--	--

9. Name and Address of Current Registered Agent BROWN, DIANE E. 6700 S. FLORIDA AVENUE, SUITES 22 & 24 LAKELAND FL 33813				10. Name and Address of New Registered Agent 81 Name BROWN, DIANE E. 82 Street Address (P.O. Box Number is Not Acceptable) 3579 S. Access Rd. 83 Suite F 84 City Englewood FL 85 Zip Code 34224			
---	--	--	--	--	--	--	--

11. Pursuant to the provisions of Sections 607.0503 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 Diane E. Brown Pres. DATE 04/23/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	C/D
NAME	BROWN, DERRICK W.	1.2 NAME	BROWN, DERRICK W.
STREET ADDRESS	6700 S FLORIDA AVE	1.3 STREET ADDRESS	3579 S. Access Rd. Suite F
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	PD	2.1 TITLE	P/D
NAME	BROWN, DIANE E.	2.2 NAME	BROWN, DIANE E.
STREET ADDRESS	6700 S FLORIDA AVE	2.3 STREET ADDRESS	3579 S. Access Rd. Suite F
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Diane E. Brown DIANE E. BROWN, PRES-04/23/98 (941) 460-0100

CR2E034 (10/97)