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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **J85568** **(0)**

1. Corporation Name
WELLS CROSSING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% JOHN KOPELOUSOS, ESQ 1279 KINGSLEY AVE. STE 118 ORANGE PARK FL 32073 US	1279 KINGSLEY AVE. SUITE #118 ORANGE PARK FL 32073-4604 US

3. Date Incorporated or Qualified: 07/28/1987
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business	2a. Mailing Address
21 601 Riverside Ave.	26 601 Riverside Ave
Suite, Apt. #, etc. 22 Bldg II, Suite 650	Suite, Apt. #, etc. 27 Bldg II, Suite 650
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32204 Country 25 US	Zip 29 32204 Country 30 US

4. FEI Number: 65-0032152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOPELOUSOS, JOHN , ESQ. 1279 KINGSLEY AVE., SUITE #118 ORANGE PARK FL 32073	81 Name: Ralph L. Shaw, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 601 Riverside Ave 83 Bldg II, Suite 650 84 City: Jacksonville FL 85 Zip Code: 32204

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] 1/7/97
Signature of new registered agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WINSTON, JAMES H.		1.2 NAME		
STREET ADDRESS	4825 ORTEGA BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	GASKIN, P.MILLER		2.2 NAME	Ralph L. Shaw, Jr	
STREET ADDRESS	4854 WADHAM LANE		2.3 STREET ADDRESS	601 Riverside Ave. Bldg II, Suite 650	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOPELOUSOS, JOHN		3.2 NAME		
STREET ADDRESS	1279 KINGSLEY AVE, STE 118		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP		
TITLE	AST	☐ DELETE	4.1 TITLE	AST	☑ Change ☐ Addition
NAME	BROOKS, WILLIAM E.		4.2 NAME	William E. Brooks	
STREET ADDRESS	12303 MANDARIN RD.		4.3 STREET ADDRESS	601 Riverside Ave. Bldg II, Suite	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] 1/7/97 (904)358-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015672