

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J85568** (0)  
1. Corporation Name  
**WELLS CROSSING ASSOCIATES, INC.**



Principal Place of Business <b>601 RIVERSIDE AVENUE BUILDING II SUITE 650 JACKSONVILLE FL 32204 US</b>	Mailing Address <b>601 RIVERSIDE AVENUE BUILDING II, SUITE 650 JACKSONVILLE FL 32073 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/28/1987</b>	
21 Suite, Apt. #, etc.	25	26	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0032152</b>	Applied For Not Applicable
22 City & State	26	27	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>SHAW, RALPH L JR. 601 RIVERSIDE AVE. BLDG II, SUITE 650 JACKSONVILLE FL 32204</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINSTON, JAMES H.</b>	1.2 NAME	
STREET ADDRESS	<b>4825 ORTEGA BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, RALPH L JR.</b>	2.2 NAME	
STREET ADDRESS	<b>601 RIVERSIDE AVE., BLDG II, SUITE 650</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	2.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, WILLIAM E.</b>	3.2 NAME	
STREET ADDRESS	<b>601 RIVERSIDE AVE. BUILDING II, SUITE 650</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, RALPH L JR</b>	4.2 NAME	
STREET ADDRESS	<b>601 RIVERSIDE AVE. BUILDING II SUITE 650</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOPELOUSOS, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>1279 KINGSLEY AVE, SUITE 118</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 

CR2E034 (10/97)