

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90109 003 \*\*\*150.00

**DOCUMENT # J85568**

1. Corporation Name  
**WELLS CROSSING ASSOCIATES, INC.**

Principal Place of Business

601 RIVERSIDE AVENUE  
BUILDING II SUITE 650  
JACKSONVILLE FL 32204  
US

Mailing Address

601 RIVERSIDE AVENUE  
BUILDING II, SUITE 650  
JACKSONVILLE FL 32073  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1987

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SHAW, RALPH L JR.  
601 RIVERSIDE AVE.  
BLDG II, SUITE 650  
JACKSONVILLE FL 32204

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WINSTON, JAMES H.

STREET ADDRESS 4825 ORTEGA BLVD.

CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME SHAW, RALPH L JR.

STREET ADDRESS 601 RIVERSIDE AVE., BLDG II, SUITE 650

CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE AST ☐ DELETE

NAME BROOKS, WILLIAM E.

STREET ADDRESS 601 RIVERSIDE AVE. BUILDING II, SUITE 650

CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME SHAW, RALPH L. JR

STREET ADDRESS 601 RIVERSIDE AVE. BUILDING II SUITE 650

CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE

NAME KOPELOUSOS, JOHN

STREET ADDRESS 1279 KINGSLEY AVE, SUITE 118

CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99

904-358-0900

CR2E034 (11/98)