

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J90262 (3)

1. Corporation Name
WELTUR, INC.



Principal Place of Business

% CHARLES C. WELLS
150 BRY LYNN DR
WEST MELBOURNE FL 32904

Mailing Address

% CHARLES C. WELLS
150 BRY LYNN DR
WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified
08/27/1987

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 4301 Kimberly Circle
23 City & State
24 Zip
25 Country
26 Suite, Apt. #, etc.
27 4301 Kimberly Circle
28 City & State
29 Zip
30 Country

4. FEI Number

59-3010457

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

WELLS, CHARLES C.
150 BRY LYNN DR
WEST MELBOURNE FL 32904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4301 Kimberly Circle

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: Charles C. Wells P. Charles C. Wells

2/28/96

Sign at the typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WELLS, CHARLES C.
150 BRY LYNN DR
W MELBOURNE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
TURIGLIATTI, EUGENE F.
8600 SYLVAN DR
W MELBOURNE FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP
2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP
3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP
4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP
5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP
6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP
Change Addition
4301 Kimberly Circle
Change Addition
Change Addition
Change Addition
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles C. Wells P. Charles C. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 (407) 724-1100

DATE

Daytime Phone #

CR2E034 (12/95)