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

FILED Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** HENRY H. WELLS, P.A. Principal Place of Business Mailing Address BOIS TARA LANE BUIS TARA LANE JACKSONUILLE, FL 32216 JACKSONUILLE, FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1-8-88 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt #, elc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Ζφ Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Henry H wells 8015 TARA LAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 DACKSONVIlle, FL32216 84 City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent's gnature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPST ☐ DELETE 1.1 1111.6 Change TITLE Henry H WELLS 1 2 NAME NAME JACKSONVILE, IL 35516 DELETE STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZiP 1.4 CHY+ST+ZIP Change ☐ Addition TITLE 2.1 THUE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 3.1 10146 ☐ Change ☐ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-\$1-ZIP CHY-ST-2IP THLE DELETE 41 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 O(TY - ST - ZIP) DELETE TITLE 5.1.1011.6 **Addition** 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 supplementa, 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 conjugation or the received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in officer or director of the corporation or the receiver a trustice empower Block 12 or Block 13 if charged, or on an adactiment with an address.

5.4 C(1Y - S1 - 7/P

6.3 STREET ADDRESS

6.4 CHY-ST-ZIF

61 TITLE

6.2 NAME

SIGNATURE:

CITY - S1 - ZIF

STREET AUDRESS

TITLE

NAME

DELETE

***150.00

(904) 725-6846

800002454268 -03/11/98--01100--017

☐ Addition