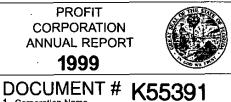
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90013 011 ***150.00

WELLS BROTHERS, INC. Principal Place of Business Mailing Address 2651 CANOE CREEK ROAD 2651 CANOE CREEK ROAD 2689 PARTIN SETTLEMENT RD 2689 PARTIN SETTLEMENT RD DO NOT WRITE IN THIS SPACE ST. CLOUD FL 34772 ST. CLOUD FL 34772 3. Date Incorporated or Qualifed 01/03/1989 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-2922360 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WELLS, PRESTON M. JR. 82 Street Address (P.O. Box Number is Not Acceptable) 2689 PARTIN SETTLEMENT RD 2651 CANOE CREEK ROAD ST. CLOUD FL 34772 84 City 85 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 corporation's board of directors. I hereby accept the appointment as registered agent, 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE NAME WELLS, ALEXANDER M. 12 NAME 6637 WESTMONT DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE DVP 2.1 TITLE WELLS, PRESTON M. JR. 2.2 NAME NAME 2651 CANOE CREEK ROAD 2.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE DST. TITLE WELLS: HAZEL S. NAME :: , ;; 3.2 NAME 2651 CANOE CREEK ROAD 3.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 2 3.4. CITY-ST-ZIP ∴ Changé DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition □ DELETE Change TITLE SEET THE LINE 6.2 NAME NAME 391.1 2.0 m 6.3 STREET ADDRESS

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

WIRHazel S. Wells

1-21-99 Date

CR2E034 (11/98)