

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L18675** (3)

1. Corporation Name

**WELLS ELECTRONICS, INC.**



Principal Place of Business

**1217 N MILLS AVENUE  
311 WEST ROBINSON ST.  
ORLANDO FL 32803  
US**

Mailing Address

**1217 N. MILLS AVENUE  
311 WEST ROBINSON ST.  
ORLANDO FL 32803  
US**

2. Principal Place of Business

21 **1217 N. Mills Avenue**

Suite, Apt. #, etc.

22 City & State  
**Orlando Florida**

23 Zip  
**32803**

24 Country  
**Orange**

2a. Mailing Address

26 **1217 N. Mills Avenue**

Suite, Apt. #, etc.

27 City & State  
**Orlando, FL**

28 Zip  
**32803**

29 Country  
**Orange**

3. Date Incorporated or Qualified  
**09/27/1989**

3a. Date of Last Report  
**05/01/1995**

4. FET Number

**59-2981884**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WELLS, MARY W.  
1217 N MILLS AVENUE  
ORLANDO FL 32803**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

**1217 N. Mills Avenue**

83

84 City

**Orlando,**

FL

85 Zip Code

**32803**

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 date of filing

Signature, typed or printed name, of registered agent and date of filing

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WELLS, PETER A.  
1217 N MILLS AVENUE  
ORLANDO FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WELLS, MARY W.  
1217 N MILLS AVENUE  
ORLANDO 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**1217 N. Mills Ave.  
Orlando, FL 32803**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

**1217 N. Mills Ave.  
Orlando, FL 32803**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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:

**Mary Wells**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)