

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L91772 (8)

1. Corporation Name

WELLBORN INVESTMENTS, INC.

Principal Place of Business

RT 13, BOX 1154-C  
LAKE CITY FL 32055

Mailing Address

RT 13, BOX 1154-C  
LAKE CITY FL 32055



3. Date Incorporated or Qualified

08/02/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3021732

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAPPS, DANIEL  
ROUTE 13, BOX 1154-C  
SUITE 130  
LAKE CITY FL 32055

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE

P

NAME

CRAPPS, DANIEL

STREET ADDRESS

RR 13, BOX 1154-C

CITY-ST-ZIP

LAKE CITY FL

TITLE

S

NAME

POOLE, RONALD D.

STREET ADDRESS

123 HOWARD ST

CITY-ST-ZIP

LIVE OAK FL

TITLE

☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CRAPPS, DIRECTOR

Date

Daytime Phone #

904-755-5110

CR2E034 (12/95)