1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000017035**

LAW OFFICE OF KELVIN C. WELLS, P.A.

FILED Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90013 014 ***550.00

| Principal Place of Business Mailing Address | | | | | | T 1884488 VIA 1912a ISSU BANK BANK BOSK BOID STOLL SOUR BOIR BOIL ING BUT ING | | | |
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| 25 WALTER MARTIN ROAD N.E. FORT WALTON BEACH FL 32549 | | | 25 WALTER MARTIN ROAD N.E. FORT WALTON BEACH FL 32549 | | DO NOT WRITE IN THIS | SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | _ | |
| | | | | | | 03/15/1993 | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Applied For | |
| 2126 | | | | | | 59-3168960 | | Vot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | - - | | | 5. Certificate of Status Desired | + | Additional Required | |
| City & State | e | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip | Country Zip Co | | | ntry | | 8. This corporation owes the current year In | angible | | |
| 24 | 25 29 30 | | | | | Personal Property Tax. | ☐ Yes | □No | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Registered | Agent | | |
| | *************************************** | | | 81 | Name | | | | |
| WELLS, KELVIN C 25 Walter Martin Road N.E. | | | | 82 | Stroot Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| | | | | 02 | Sileer Addi | less (1.0. Box Marrioti is Not Accopiosic) | | | |
| FOR | T WALTON BEACH FL 32549 | | | 83 | | | | | |
| | | | | | | | | | |
| | | | | 84 | City | FL | 85 Zi | o Code | |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig | e of Florida. Such change was aut | horized | l by th | named corp ne corporation | poration submits this statement for the purpose of on's board of directors. I hereby accept the appo | changing in intment as | ts registered registered | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered a | | | Agent s | signature require | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ID DIREC | TORS IN 12 | |
| 12. | | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | Chang | | |
| TITLE | D | □ DELETE | 117]] | | | | onding | , manual l | |
| NAME | WELLS, KELVIN C | | 1.2 NA | | , | | | ļ | |
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| NAME | • , | C OCCES | 6.2 NA | | İ | | | ا | |

14. 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 attraction with an articles, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-29 Date \$50 243 894 Daylime Phone #