

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 # P93000069816 (5)

1. Corporation Name

WELLINGTON DEVELOPMENT COMPANY



Principal Place of Business

1000 SOUTHERN BLVD.
SUITE 300
WEST PALM BEACH FL 33405

Mailing Address

1000 SOUTHERN BLVD.
SUITE 300
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
04/17/1995

4. FEI Number

~~APPLIED FOR~~ 65-0457246

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

TOMEU, ENRIQUE
1000 SOUTHERN BLVD.
SUITE 300
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name

JOHN B. MCCracken

82 Street Address (P.O. Box Number is Not Acceptable)

505 S. FLAGLER DRIVE, SUITE 1100

83

84 City

WEST PALM BEACH,

FL

85 Zip Code
33401 -3475

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 the corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

5/24/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME PHILLIPS JR., W. T.
STREET ADDRESS 6621 WILBANKS ROAD
CITY-ST-ZIP KNOXVILLE FL

TITLE ☐ DELETE

V
NAME TOMEU, ENRIQUE
STREET ADDRESS 1000 SOUTHERN BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

ST
NAME SNIDER, LESA P.
STREET ADDRESS 6621 WILBANKS ROAD
CITY-ST-ZIP KNOXVILLE TN

TITLE ☐ DELETE

D
NAME TOMEU, ENRIQUE
STREET ADDRESS 1000 SOUTHERN BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

D
NAME PHILLIPS JR., W. T.
STREET ADDRESS 6621 WILBANKS ROAD
CITY-ST-ZIP KNOXVILLE TN

TITLE ☐ DELETE

D
NAME SNIDER, LESA P.
STREET ADDRESS 6621 WILBANKS ROAD
CITY-ST-ZIP KNOXVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique A. Tomeu

5-1-96

407-832-3110

CR2E034 (12/95)