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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000014666

WELLS PERFORMANCE, INC.

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Zip Country Zip Country Zip Country 8. This corporation was the current year Intangable Personal Property Tax Yes No Yes Yes No Yes No Yes Yes Yes No Yes	22		27			5. Certificate of Status Desired	Fee Required
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24 25 29 30 Personal Property Tax.	23		28			Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent WELLS, JEFF 1347 UNIVERSITY BLVD. NORTH JACKSONVILLE FL 32211 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 agent, or both, in the State of Florida. Such changes as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.090 vs. statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.090 vs. statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an advanced the registered agent and statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an advanced the registered agent and statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a department and statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a department required when reinstating. DATE 12. OFFICERS AND DIRECTORS 13. Name PURPOSE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 and		Country	Zip	Country	ı	This corporation owes the current ye	
WELLS, JEFFREY D STREET ADDRESS STRE	24			30		<u> </u>	
WELLS, JEFF 1347 UNIVERSITY BLVD. NORTH JACKSONVILLE FL 32211 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 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 registerer 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 and marrial with an adacept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE Registered Agent algoriture required when remstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PURPORA WELLS, JEFFREY D STREET ADDRESS 3382 MARY DRAPER CT E 1.3 STREET ADDRESS 3382 MARY DRAPER CT E 1.4 CITY-ST-ZP JACKSONVILLE FL DELETE 1.3 TITLE DELETE 1.4 CITY-ST-ZP JACKSONVILLE FL DELETE 1.5 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZPP DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZPP DELETE 4.1 TITLE DELETE 4.2 TITLE DELETE 4.3 TITLE DELETE 4.3 TITLE DELETE 4.4 CITY-ST-ZPP DELETE		9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Regist	ered Agent
13.7 UNIVERSITY BLVD. NORTH JACKSONVILLE FL 32211 14. 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 registerer 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, 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, 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, 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, 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, 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, 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, or both and accept the oppointment as registered agent, or both and accept the oppointment as registered agent, or both and accept the oppointment as registered agent, or both and accept the oppointment as registered agent, or both and accept the oppointment as registered agent, or both and accept the oppointment as registered agent, or both and accept the oppointment as registered agent, or both and accept the oppointment as registered agent, or both and accept the oppointment as registered agent age				81	Name		
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, hyped or printed name of registered agent signature, hyped or printed name of registered agent agent and title of applicable. NOTE: Registered Agent signature required when reinstating.) PATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS ALLEN, STEVEN G STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE DELETE DELETE 3.1 TITLE VP ACTHONIC STEVEN G 2.2 NAME JACKSONVILLE FL DELETE 3.1 TITLE JACKSONVILLE FL JACK					ļ <u>.</u>		
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64 CITY-ST-ZIP CITY-ST-ZIP he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an edute this report as required by Chapter 607, Florida Statutes; and that my name appears in original like empowered. 14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and a cour officer or director of the corporation or the receiver or trustee empowered to be Block 12 or Block 13 if changed, or on an attachment with an address, with all

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: _

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90001 044 ***150.00

☐ Addition