

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000024924 (0)

1. Corporation Name
WALES, INC.

Principal Place of Business

ONE SCENIC CENTRAL
STE 106
LAKE WALES FL 33853
US

Mailing Address

ONE SCENIC CENTRAL
STE 106
LAKE WALES FL 33853-6115
US

2. Principal Place of Business

21 ONE SCENIC CENTRAL
Suite, Apt. #, etc.

22 STE 106
City & State

23 LAKE WALES FL
Zip Country

24 33853 25 USA

2a. Mailing Address

26 ONE SCENIC CENTRAL
Suite, Apt. #, etc.

27 STE 106
City & State

28 LAKE WALES FL
Zip Country

29 33853 30 USA

9. Name and Address of Current Registered Agent

MARTIN, ROY A
ONE SCENIC CENTRAL, STE 106
LAKE WALES FL 33853

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3238595

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

81 Name
ROY A. MARTIN

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

83 STE 106

84 City
LAKE WALES

85 Zip Code
FL 33853

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN, ROY A
STREET ADDRESS ONE SCENIC CENTRAL, STE 106
CITY-ST-ZIP LAKE WALES FL ☐ DELETE

TITLE VD
NAME WEAVER, JAMES M
STREET ADDRESS 240 PARK AVE
CITY-ST-ZIP LAKE WALES FL ☐ DELETE

TITLE STD
NAME MARTIN, CHERYL M
STREET ADDRESS ONE SCENIC CENTRAL, STE 106
CITY-ST-ZIP LAKE WALES FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 attachment with an address.

CR2E034 (9/96)