

FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000041798 (7)**

**WANDA J. WELLS REAL ESTATE COMPANY**

Principal Place of Business	Mailing Address
14014 WEST OZELLO TRAIL CRYSTAL RIVER FL 34429 US	14014 WEST OZELLO TRAIL CRYSTAL RIVER FL 34429-5177

<b>3. Date Incorporated or Qualified</b> <b>05/31/1994</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
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2. Principal Place of Business		2a. Mailing Address	
21	14014 W. OZELLO TRAIL Suite, Apt. #, etc.	26	SAME Suite, Apt. #, etc.
22	City & State	27	City & State
23	CRISTAL RIVER, FLA	28	SAME
24	Zip	29	Zip
25	CITRUS	30	CITRUS

4. FEI Number <b>59-3253993</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
<b>WELLS, WANDA J</b> <b>14014 W. OZELLO TRAIL</b> <b>CRYSTAL RIVER FL 34420</b>	<b>81</b> Name
	<b>82</b> Street Address
	<b>83</b>
	<b>84</b> City

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Wanda J. Wells, President April 28, 1997  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, WANDA J	1.2 NAME	
STREET ADDRESS	2181 S. SEAPORT PORT	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL 34429	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DAVID M	2.2 NAME	
STREET ADDRESS	2238 S. WATERMAN DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL 34429	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISHLER, BRENDA L	3.2 NAME	
STREET ADDRESS	2181 S SEAPORT PT	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: Wanda J. Wells President 4-28-97 352-795-7222

CB2F034 (9/96)