

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000060238 (0)

1. Corporation Name:

WELLS ROAD BUILDING INVESTORS, INC.

Principal Place of Business

Mailing Address

~~R. LAMAR SHAW, JR.
118 WEST ADAMS ST., SUITE 300
JACKSONVILLE FL 32202~~

~~R. LAMAR SHAW, JR.
118 WEST ADAMS ST., SUITE 300
JACKSONVILLE FL 32202~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/16/1994

4. FEI Number

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 219.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 601 Riverside Ave

26 601 Riverside Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bld 2, Suite 650

27 Bld 2, Suite 650

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

ZIP

COUNTRY

ZIP

COUNTRY

24 32204

25 U.S.

29 32204

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHAW, R. LAMAR JR.
118 W. ADAMS ST.
SUITE 300
JACKSONVILLE FL 32202~~

81 Name

Shaw, R. Lamar Jr.

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

601 Riverside Ave,

83

Bld 2, Suite 650

84 City

Jacksonville

FL

85

Zip Code

32204

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 of Agent or person in charge of registered agent for the corporation)

(Signature of Registered Agent or person in charge of agent for the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WINSTON, JAMES H
STREET ADDRESS	645 RIVERSIDE AVE., STE. 619
CITY, ST, ZIP	JACKSONVILLE FL 32204
TITLE	D
NAME	THORNTON, J. PATRICK
STREET ADDRESS	8381 DIX ELLIS TRAIL, STE. 100
CITY, ST, ZIP	JACKSONVILLE FL 32258
TITLE	D
NAME	SHAW, R. LAMAR JR.
STREET ADDRESS	118 W. ADAMS ST., STE. 300
CITY, ST, ZIP	JACKSONVILLE FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Shaw, R. Lamar Jr.	
3.3 STREET ADDRESS	601 Riverside Ave, Bld 2, Suite 650	
3.4 CITY, ST, ZIP	Jacksonville, FL 32204	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(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 the 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

R. L. Shaw Jr.
Ralph Lamar Shaw Jr. 8/95

(904) 358-0700
Telephone Number