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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000039137 (1)

1. Corporation Name:

NOWLIN AND WELLS, P.A.

Principal Place of Business

50 SOUTHEAST FOURTH AVENUE  
DELRAY BEACH FL 33483

Mailing Address

50 SOUTHEAST FOURTH AVENUE  
DELRAY BEACH FL 33483-4514

3. Date Incorporated or Qualified  
05/17/1995

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4. FEI Number

65-0580960

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

9. Name and Address of Current Registered Agent

WELLS, JAMES R  
50 SOUTHEAST FOURTH AVENUE  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME NOWLIN, JAMES W JR.  
STREET ADDRESS 3880 LONE PINE ROAD  
CITY- ST- ZIP DELRAY BEACH FL 33445 ☐ DELETE

TITLE VTD  
NAME WELLS, JAMES R  
STREET ADDRESS 3837 QUAIL RIDGE DRIVE  
CITY- ST- ZIP BOYNTON BEACH FL 33436 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

*James W. Nowlin* James W. Nowlin, Pres. 1/16/97 5618769754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0336091

CR2E034 (9/96)