

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90072 010 ***150.00

DOCUMENT # P95000090129

1. Corporation Name

MARK WELTON & ASSOCIATES, P.A.



Principal Place of Business

1078 SOUTH FERDON BLVD. #B
CRESTVIEW FL 32536

Mailing Address

1078 SOUTH FERDON BLVD. #B
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1995

2. Principal Place of Business

21 1020 SOUTH FERDON BLVD

2a. Mailing Address

26 1020 South Ferdon Blvd.

Suite, Apt. #, etc.

22 THE MADISON Bld.

Suite, Apt. #, etc.

27 THE MADISON Bld.

City & State

23 CRESTVIEW FL

City & State

28 CRESTVIEW FL

Zip

24 32536

Country

25 USA

Zip

29 32536

Country

30 USA

4. FEI Number

59-3354501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WELTON, MARK
1078 SOUTH FERDON BLVD. #B
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name

WELTON & WILLIAMSON, P.A.

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

1020 South Ferdon Blvd

83

84 City

CRESTVIEW

FL

85 Zip Code

32536

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)

4/9/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D WELTON, MARK H
STREET ADDRESS
1078 SOUTH FERDON BLVD. #B
CITY-ST-ZIP
CRESTVIEW FL 32536

TITLE ☐ DELETE

NAME
D WILLIAMSON, A WAYNE
STREET ADDRESS
1078 S FERDON BLVD SUITE B
CITY-ST-ZIP
CRESTVIEW FL 32536

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (850) 682-2120

CR2E034 (1/1/98)