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May 07 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 # P96000103118 (1)

1. Corporation Name
WELLS ELECTRICAL ENTERPRISE, INC.



Principal Place of Business: 5318 ST. LUCIA DR. LAKELAND FL 33813
Mailing Address: 5318 ST. LUCIA DR. LAKELAND FL 33813-4091

3. Date Incorporated or Qualified: 12/18/1996
3a. Date of Last Report: [blank]
4. FEI Number: APPLIED FOR
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: [X] Yes [] No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
WELLS, ROGER
5318 ST. LUCIA DR.
LAKELAND FL 33813

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS
TITLE: D [] DELETE
NAME: WELLS, ROGER
STREET ADDRESS: 5318 ST. LUCIA DR. LAKELAND FL 33813
CITY-ST-ZIP: [blank]
TITLE: D [] DELETE
NAME: WELLS, LINDA D
STREET ADDRESS: 5318 ST. LUCIA DR. LAKELAND FL 33813
CITY-ST-ZIP: [blank]
TITLE: D [] DELETE
NAME: WELLS, MEGHAN
STREET ADDRESS: 5318 ST. LUCIA DR. LAKELAND FL 33813
CITY-ST-ZIP: [blank]
TITLE: [] DELETE
NAME: [blank]
STREET ADDRESS: [blank]
CITY-ST-ZIP: [blank]
TITLE: [] DELETE
NAME: [blank]
STREET ADDRESS: [blank]
CITY-ST-ZIP: [blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: P/D [X] Change [] Addition
1.2 NAME: [blank]
1.3 STREET ADDRESS: [blank]
1.4 CITY-ST-ZIP: [blank]
2.1 TITLE: S/D [X] Change [] Addition
2.2 NAME: [blank]
2.3 STREET ADDRESS: [blank]
2.4 CITY-ST-ZIP: [blank]
3.1 TITLE: VP/D [X] Change [] Addition
3.2 NAME: [blank]
3.3 STREET ADDRESS: [blank]
3.4 CITY-ST-ZIP: [blank]
4.1 TITLE: [] Change [] Addition
4.2 NAME: [blank]
4.3 STREET ADDRESS: [blank]
4.4 CITY-ST-ZIP: [blank]
5.1 TITLE: [] Change [] Addition
5.2 NAME: [blank]
5.3 STREET ADDRESS: [blank]
5.4 CITY-ST-ZIP: [blank]
6.1 TITLE: [] Change [] Addition
6.2 NAME: [blank]
6.3 STREET ADDRESS: [blank]
6.4 CITY-ST-ZIP: [blank]

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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Roger Wells - 4/29/97
Daytime Phone # 0010422

CR2E034 (9/96)