

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90046 037 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P97000055789**

1. Corporation Name  
**WES, INC.**

Principal Place of Business

15705 77TH PLACE N  
 LOXAHATCHEE FL 33407

**33470**

Mailing Address

15705 77TH PLACE N  
 LOXAHATCHEE FL 33407

**33470**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/23/1997**

4. FEI Number

**65-0763836**

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 owes the current year Intangible  
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WALTERS, ERIN K  
 15705 77TH PLACE N  
 LOXAHATCHEE FL 33407**

**33470**

10. Name and Address of New Registered Agent

81 Name

**Wayne M Walters**

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

**15705 77TH PLACE N**

83

84 City

**Loxahatchee**

**FL**

85 Zip Code

**33470**

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 607.0503, Florida Statutes.

SIGNATURE

**Wayne M Walters**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**4-1-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALTERS, WAYNE M	
STREET ADDRESS	15705 77TH PLACE N	
CITY-ST-ZIP	LOXAHATCHEE FL 33407 33470	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, ERIN K	
STREET ADDRESS	15705 77TH PLACE N	
CITY-ST-ZIP	LOXAHATCHEE FL 33407 33470	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Wayne M Walters**

Signature and typed or printed name of signing officer or director

**1-3-12-99 (561) 792-4916**

Date

Daytime Phone

CR2E034 (1/199)