

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90060 028 ***150.00

DOCUMENT # P98000035564

1. Corporation Name

WELLINGTON MUNICIPAL, INC.

Principal Place of Business

Mailing Address

P.O. Box 4961
ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/20/98

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 900 CLEVELAND STREET

Suite, Apt. #, etc.

22 990

City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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 signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS COUCH, MICHAEL R.
CITY-ST-ZIP 5753 WHEELER ROAD
INDIANAPOLIS, IN 46216

TITLE ☐ DELETE

NAME VP ST
STREET ADDRESS LAIRD, ROBERT C.
CITY-ST-ZIP 600 CLEVELAND ST #990
CLEARWATER, FL 33755

TITLE ☒ DELETE

NAME VP
STREET ADDRESS HUNTER, LOREN C.
CITY-ST-ZIP

TITLE ☐ DELETE

NAME VP
STREET ADDRESS PALMA, STANLEY
CITY-ST-ZIP 600 CLEVELAND ST #990
CLEARWATER, FL 33755

TITLE ☐ DELETE

NAME D
STREET ADDRESS REYNOLDS, CLIFFORD W.
CITY-ST-ZIP 600 CLEVELAND ST #990
CLEARWATER, FL 33755

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Laird

4-30-99 (727) 449-8788