

FILED

Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90130 009 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris,</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000092461

1. Corporation Name

WELLINGS NISSAN, INC.



Principal Place of Business 4405 US HIGHWAY ONE FT. PIERCE FL 34954	Mailing Address 4405 US HIGHWAY ONE FT. PIERCE FL 34954
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/29/1998</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 4405 South u. s. One Suite, Apt. #, etc.	2a. Mailing Address 26 same Suite, Apt. #, etc.	4. FEI Number 65-0882272
22 City & State 23 Fort Pierce	27 City & State 28 Fort Pierce	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34982	25 Country St. Lucie	29 Zip
30 Country	31 City & State	32 City & State
33 City & State	34 City & State	35 City & State
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93 City & State	94 City & State	95 City & State
96 City & State	97 City & State	98 City & State
99 City & State	100 City & State	101 City & State

9. Name and Address of Current Registered Agent WATKINS, HALEY A SUITE 3000, ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Wellings Jr.	1.2 NAME	
STREET ADDRESS	541 Meadow Brook Dr	1.3 STREET ADDRESS	
CITY-ST-ZIP	Richmond Indiana 47374	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Barrett	2.2 NAME	
STREET ADDRESS	4949 North Ala	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Pierce Florida 34950	2.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Wellings	3.2 NAME	
STREET ADDRESS	136 Lakenglen drive Eaton Ohio	3.3 STREET ADDRESS	
CITY-ST-ZIP	45920	3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Wellings	4.2 NAME	
STREET ADDRESS	1495 Centerville Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Centerville, Indiana 47330	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E034 (1/198)