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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # \$47595

1. Corporation Name

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90006 012 ***150.00

WELLS'	FIND FOOD, INC.									
						11	i e n e i en e i en			
Principal Place	of Business	Mailing Address	•] "			.,,	
13407 BOYETE ROAD 13407 BOYETE ROAD										
RIVERVIEW FL 33569 RIVERVIEW FL 33569							DO NOT WRI	 TE IN THIS	SPACE	
•						3 Date In	corporated or Qualifed	1	OF AUL	
		• <u> </u>					/1991	ļ		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nu			i FT.	Applied For
21		26				65-02	54334			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- Contifor	ate of Status Desired			Additional
22		27				5, Ceraica	ite di Status Desired	🗆	Fee	Required
City & State	e	City & State				6. Election	n Campaign Financing			May Be
23		28					und Contribution	ļ	$-\!\!-\!\!\!-$	d to Fees
Zip	Country	Zip	Cour	ntry		ì	rporation owes the cun	ent year Inta I	ngible Yes	□No
24	[25]	29	30				al Property Tax. and Address of New I	Pagistared A		
	9. Name and Address of Curren	it Registered Agent		81 1	Name	jų, italilo	and Address of New	tegistered /	agent.	
WEL	LS, MARVIN							1		
,	7 BOYETTE ROAD			82 5	Street Addre	ess (P.O. Box	Number is Not Accept	able) .		
RIVE	RVIEW FL 33569		ļ	83				<u> </u>	_	
			Į					1		
				84 (City			FL	85 Zi	p Code
										t!-tad
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the ab	ove-n	named corpo	ration submit	s this statement for the	purpose of	changing	its registered
l office or o	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was	autnorized	DV UTE	named corpo e corporation	oration submit n's board of c	s this statement for the irectors. I hereby acce	purpose of a pt the appoir	changing itment as	registered
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	autnorized	DV UTE	named corpo e corporation	oration submit n's board of c	s this statement for the irectors. I hereby acce	purpose of pt the appoir	changing itment as	registered registered
l office or o	edistered agent or both in the State.	of Florida, Such change was itions of, Section 607.0505, Fl	autnorized orida Statu	by the	e corporation	when reinstating)	irectors. I nereby acce	DATE		registered
office or n agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN	of Florida, Such change was attions of, Section 607.0505, Floridan and title if applicable. (NOT NOT DIRECTORS	autnorized orida Statu	by the	e corporation	when reinstating)	s this statement for the irectors. I hereby acceptions of the irectors of the	DATE	D DIREC	TORS IN 12
office or n agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AN DP	of Florida. Such change was ations of, Section 607.0505, Florida and title if applicable. (NOT	autnorized orida Statu E: Registered	Dy the	e corporation	when reinstating)	irectors. I nereby acce	DATE		TORS IN 12
office or nagent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN DP WELLS, MARVIN	of Florida, Such change was attions of, Section 607.0505, Floridan and title if applicable. (NOT NOT DIRECTORS	authorized orida Statu E: Registered	Agent si	e corporation	when reinstating)	irectors. I nereby acce	DATE	D DIREC	TORS IN 12
office or nagent. I a SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida, Such change was attions of, Section 607.0505, Floridan and title if applicable. (NOT NOT DIRECTORS	E: Registered A 1.1 TITI 1.2 NA	Agent si	e corporation	when reinstating)	irectors. I nereby acce	DATE	D DIREC	TORS IN 12
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida, Such change was attions of, Section 607.0505, Florida in the fapplicable. (NOT DELETE	E: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STE	Agent signal LE ME REET AD	ignature required	when reinstating)	irectors. I nereby acce	DATE	D DIREC	TORS IN 12 e Addition
office of nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida, Such change was attions of, Section 607.0505, Floridan and title if applicable. (NOT NOT DIRECTORS	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 Crī 2.1 TITI	Agent signal LE ME REET AD Y-ST-Z	ignature required	when reinstating)	irectors. I nereby acce	DATE	D DIREC	TORS IN 12 e Addition
office of nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of	of Florida, Such change was attions of, Section 607.0505, Florida in the fapplicable. (NOT DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STE 1.4 Crt 2.1 TITI 2.2 NA/ 2.2 NA/ 2.2 NA/ 3.3 TE 2.2 NA/ 3.3 TE 3.4 Crt 3.	Agent signal Agent signal LE ME REET AD Y-ST-Z	gnature required	when reinstating)	irectors. I nereby acce	DATE	D DIREC	TORS IN 12 e Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar of familiar with, and accept the obligation of familiar of familiar with, and accept the obligation of familiar of familiar with, and accept the obligation of familiar obligation of familiar with accept the obligation of familiar obligation of familiar with, and accept the obligation of familiar obligation of familiar with, and accept the obligation of familiar with a second of familiar	of Florida, Such change was attions of, Section 607.0505, Florida in the fapplicable. (NOT DELETE	E: Registered / 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 Crī 2.1 TITI 2.2 NAJ 2.3 STF	Agent signal sig	ignature required DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC	TORS IN 12 e Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AND DP WELLS, MARVIN 13407 BOYETTE RD. RIVERVIEW FL 33569 DST WELLS, JEANNIE 13407 BOYETTE RD. RIVERVIEW FL 33569	of Florida, Such change was attions of, Section 607.0505, Florida in the frapplicable. (NOT NOT DELETE) DELETE	E: Registered / 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CrT 2.1 TITI 2.2 NAV 2.3 STF	Agent sid	ignature required DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang	TORS IN 12 e Addition e Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of familiar with accept the obligation o	of Florida, Such change was attions of, Section 607.0505, Florida in the fapplicable. (NOT DELETE	E: Registered / 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CrT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CrT 3.1 TITI	Agent signal sig	ignature required DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC	TORS IN 12 e Addition e Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AND OFF	of Florida, Such change was attions of, Section 607.0505, Florida in the frapplicable. (NOT NOT DELETE) DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 CrT 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CrT 3.1 TITI 3.2 NA/	Agent sides. Ag	ignature required DORESS DORESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang	TORS IN 12 e Addition e Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AND OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AND OFFICE	of Florida, Such change was attions of, Section 607.0505, Florida in the frapplicable. (NOT NOT DELETE) DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CD 3.1 TITI 3.2 NA/ 3.3 STF	Agent significant	ignature required DORESS DORESS DORESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang	TORS IN 12 e Addition e Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AND O	of Florida, Such change was attions of, Section 607.0505, Florida and title if applicable. (NOT NOT DELETE) DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 C/T 2.1 TITI 2.2 NA/ 2.3 STF 2.4 C/T 3.1 TITI 3.2 NA/ 3.3 STF 3.4 C/T	Agent signal sig	ignature required DORESS DORESS DORESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang	FORS IN 12 e Addition e Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent of the obligation of	of Florida, Such change was attions of, Section 607.0505, Florida in the frapplicable. (NOT NOT DELETE) DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 CITI 2.2 NA/ 2.3 STF 2.4 CIT 3.2 NA/ 3.3 STF 3.4 CIT 4.1 TITI	Agent signal sig	ignature required DORESS DORESS DORESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang	FORS IN 12 e Addition e Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AND	of Florida, Such change was attions of, Section 607.0505, Florida and title if applicable. (NOT NOT DELETE) DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 C/I 2.1 TITI 2.2 NA/ 2.3 STF 2.4 C/I 3.1 TITI 3.2 NA/ 3.3 STF 3.4 C/I 4.1 TITI 4.2 NA/	Agent sides. Ag	ignature required DDRESS DDRESS DDRESS DDRESS ZIP	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang	FORS IN 12 e Addition e Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN 13407 BOYETTE RD. RIVERVIEW FL 33569 DST WELLS, 'JEANNIE 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DAVID 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DAVID 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DWAYNE 13407 BOYETTE RD.	of Florida, Such change was attions of, Section 607.0505, Florida and title if applicable. (NOT NOT DELETE) DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CD 3.1 TITI 3.2 NA/ 3.3 STF 4.4 CD 4.1 TITI 4.2 NA/ 4.3 STF	Agent six Agent	ignature required DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang	FORS IN 12 e Addition e Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AND	of Florida, Such change was attions of, Section 607.0505, Florida in and title if applicable. (NOT NOT DELETE) DELETE DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CD 3.1 TITI 3.2 NA/ 3.3 STF 4.4 CD 4.1 TITI 4.2 NA/ 4.3 STF	Agont six Agont six REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE ME REET AD R	ignature required DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang	FORS IN 12 e Addition e Addition e Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN 13407 BOYETTE RD. RIVERVIEW FL 33569 DST WELLS, 'JEANNIE 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DAVID 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DAVID 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DWAYNE 13407 BOYETTE RD.	of Florida, Such change was attions of, Section 607.0505, Florida and title if applicable. (NOT NOT DELETE) DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 C/I 2.1 TITI 2.2 NA/ 2.3 STF 2.4 C/I 3.1 TITI 3.2 NA/ 3.3 STF 3.4 C/I 4.1 TITI 4.2 NA/ 4.3 STF 4.4 C/I 4.4 C/I	Agent six Agent	ignature required DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIRECT Chang	FORS IN 12 e Addition e Addition e Addition
office of ragent, I a agent, I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN 13407 BOYETTE RD. RIVERVIEW FL 33569 DST WELLS, 'JEANNIE 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DAVID 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DAVID 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DWAYNE 13407 BOYETTE RD.	of Florida, Such change was attions of, Section 607.0505, Florida in and title if applicable. (NOT NOT DELETE) DELETE DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 C/I 2.1 TITI 2.2 NA/ 2.3 STF 2.4 C/I 3.1 TITI 3.2 NA/ 3.3 STF 3.4 C/I 4.1 TITI 4.2 NA/ 4.3 STF 4.4 C/I 5.1 TITI 5.2 NA/	Agent six Agent	ignature required DDRESS DDRESS DDRESS DDRESS DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIRECT Chang	FORS IN 12 e Addition e Addition e Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN 13407 BOYETTE RD. RIVERVIEW FL 33569 DST WELLS, 'JEANNIE 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DAVID 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DAVID 13407 BOYETTE RD. RIVERVIEW FL 33569 DV WELLS, DWAYNE 13407 BOYETTE RD.	of Florida, Such change was attions of, Section 607.0505, Florida in and title if applicable. (NOT NOT DELETE) DELETE DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 2.1 TITI 3.2 NA/ 3.3 STF 3.4 CIT 4.2 NA/ 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA/ 5.3 STF	Agont six Agont six REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE ME REET AD LE ME REET AD TY-ST-Z LE ME ME REET AD LE ME	ignature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIRECT Chang	FORS IN 12 e Addition e Addition e Addition
office of ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent of the obligation of the printed name of registered agent of the printed name of registered agent of the printed name of registered agent of the printed agent of the printed name of registered name of the printed name of registered name of the printed name of registered agent of the printed name of registered agent of the printed name of registered name of register	of Florida, Such change was attions of, Section 607.0505, Florida in and title if applicable. (NOT NOT DELETE) DELETE DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 2.1 TITI 3.2 NA/ 3.3 STF 3.4 CIT 4.2 NA/ 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA/ 5.3 STF	Agont six Agont six REET AD	ignature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIRECT Chang	FORS IN 12 e
Office or ragent. I a signature 12. Title Name Street address city-st-zip	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent of the obligation of the printed name of registered agent of the printed name of registered name of the printed name of registered name	of Florida, Such change was attions of, Section 607.0505, Florida in and title if applicable. (NOT NOT DELETE) DELETE DELETE DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 1.4 C/I 2.1 TITI 2.2 NA/ 2.3 STF 2.4 C/I 3.1 TITI 3.2 NA/ 3.3 STF 3.4 C/I 4.1 TITI 4.2 NA/ 4.3 STF 4.4 C/I 5.1 TITI 5.2 NA/ 5.3 STF 5.4 C/I 5.4 C/I	Agont six Agont six LE ME REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE ME REET AD REET AD TY-ST-Z LE ME REET AD REET AD TY-ST-Z LE ME REET AD REET AD LE LE LE LE LE LE LE LE LE L	ignature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang Chang	FORS IN 12 e
office of ragent. I a signature 12. Tille Name Street address city-st-zip tille Name Street Address city-st	egistered agent, or both, in the State m familiar with, and accept the obligation of printed name of registered agent of the obligation of the printed name of registered agent of the printed name of registered name of the printed name of registered name	of Florida, Such change was attions of, Section 607.0505, Florida in and title if applicable. (NOT NOT DELETE) DELETE DELETE DELETE	E: Registered / 13. 1.1 TITI 1.2 NA/ 1.3 STF 2.1 TITI 2.2 NA/ 2.3 STF 2.4 CIT 3.1 TITI 4.2 NA 4.3 STF 4.1 TITI 4.2 NA 4.3 STF 5.1 TITI 5.2 NA/ 5.3 STF 5.4 CIT 6.1 TITI 6.2 NA/ 6.2 NA/ 6.2 NA/ 6.3 NA/ 6.3 NA/ 6.4 NA/ 6.5 NA/ 6.4 NA/ 6.5 NA	Agont six Agont six LE ME REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE ME REET AD REET AD TY-ST-Z LE ME REET AD REET AD TY-ST-Z LE ME REET AD REET AD LE LE LE LE LE LE LE LE LE L	gnature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)	irectors. I nereby acce	DATE	D DIREC Chang Chang	FORS IN 12 e

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:

CITY-ST-ZIP