

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  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90066 013 \*\*\*150.00

DOCUMENT # S48853

1. Corporation Name

RICHARD M. WELLS, C.P.A., P.A.

Principal Place of Business

833 N. HIGHLAND AVE  
SUITE 1-D  
ORLANDO FL 32803

Mailing Address

833 N. HIGHLAND AVE  
SUITE 1-D  
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1991

4. FEI Number

59-3061802

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

21 229 PASADENA AVE,  
Suite, Apt. #, etc.

22 SEE. 100

City & State

23 ORLANDO, FL

Zip

24 32803

Country

25

2a. Mailing Address

26 229 PASADENA PLACE  
Suite, Apt. #, etc.

27 SEE. 100

City & State

28 ORLANDO, FL

Zip

29 32803

Country

30

9. Name and Address of Current Registered Agent

HEINKEL, R. LAWRENCE  
201 W CANTON AVE  
STE 150, NEW YORK CANTON BLDG  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

RICHARD M. WELLS

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

229 PASADENA PLACE, SEC. 100

83

84 City

ORLANDO

FL

85 Zip Code

32803

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

*Richard M. Wells*

RICHARD M. WELLS, President

3-22-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE PD  
NAME WELLS, RICHARD  
STREET ADDRESS 833 N HIGHLAND AVE #1-D  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

*Richard M. Wells* RICHARD M. WELLS, Pres.

3-22-99

(407) 841-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)