

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90059 040 ***150.00

DOCUMENT # **S64645**

1. Corporation Name

WELLINGTON THOMAS LTD, INC.

Principal Place of Business

7184 S.E. OSPREY STREET
HOBE SOUND FL 33455
US

Mailing Address

7184 S.E. OSPREY STREET
HOBE SOUND FL 33455
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1991

4. FEI Number

59-3073269

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMANGE, JEAN MULRINE
C/O WELLINGTON THOMAS LTD, INC.
6544 U.S. HWY 41 NORTH, SUITE 209
APOLLO BEACH FL 33572

81 Name

Same Name

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

c/o Wellington Thomas Ltd., Inc.

83 7184 S.E. Osprey Street

84 City

Hobe Sound

FL

85 Zip Code

33455

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

Jean Mulrine DeMange

DATE

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME DEMANGE, JEAN MULRINE
STREET ADDRESS 928 SYMPHONY ISLES BLVD
CITY-ST-ZIP APOLLO BEACH FL

1.1 TITLE ☒ Change ☐ Addition

P
NAME DeMange, Jean Mulrine
1.2 NAME
1.3 STREET ADDRESS 8049 S.E. Peppercorn Court
1.4 CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☐ DELETE

V
NAME DEMANGE, THOMAS G.
STREET ADDRESS 928 SYMPHONY ISLES BLVD
CITY-ST-ZIP APOLLO BEACH FL

2.1 TITLE ☒ Change ☐ Addition

V
NAME DeMange, Thomas G.
2.2 NAME
2.3 STREET ADDRESS 8049 Peppercorn Court
2.4 CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Jean Mulrine DeMange
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

561-545-7745

Daytime Phone #

CR2E034 (11/98)

0350702