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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

22

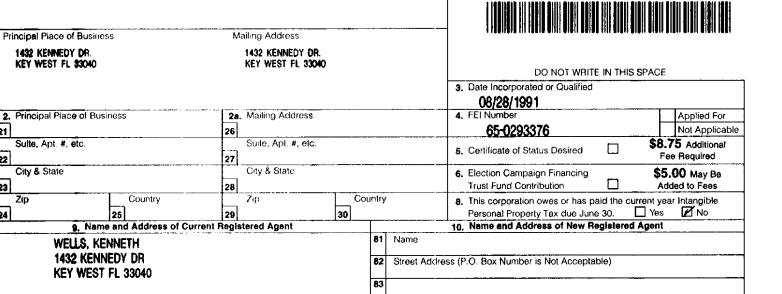
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(2)

SAWYER WELLS AND COMPANY, INC.

F	ILED	
11	1998	8:00am
cret	ary of	State
	11	FILED 11 1998 cretary of



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, it hereby accept the appointment as registered

agent. I ai	m familiar with, and accept the obligations of	of, Section 607.0505, Flo	rida Statutes.	
SIGNATURE	Signature, typed or ponted name of registered agent and to	e if anolicable (NOTE	Registered Agent's gnature requir	ared when reinstaling) DATE
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELE te	1.1 TITLE	☐ Change ☐ Addition
NAME	Wells, Kenneth		1.2 NAME	
STREET ADDRESS	1432 KENNEDY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	
TITLE		DELET e	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		DELET E	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME .	-		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
			C 4 0/71/ OT 710	

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 our attraction with an address.

Zip Code