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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V50541 1. Corporation Name HERB WELLS INSURANCE AGENCY, INC.	
Principal Place of Business Mailing Address	11811 A1811 A1511 A1611 1461
6142 MIRAMAR PKWY. 6142 MIRAMAR PKWY.	
SUITE D SUITE D	
MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPA	ACE
US	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 Same 26 Same 65-0347737	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	8.75 Additional
22 27	Fee Required
	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangit Personal Property Tax.	Yes 🖺 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	-
WELLS, HERBERT A., JR.	
6142 MIRAMAR PKWY. 82 Street Address (P.O. Box Number is Not Acceptable)	ì
SUITE D . 83	
MIRAMAR FL 33023	
FL 84	35 Zip Code
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 char 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 appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	nging its registered
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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 occiver 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS