

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

DOCUMENT # **V50781**

(6)

95 MAY -1 PM 2:01

1. Corporation Name:

**BILL WELLS ENTERPRISES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **122 ELM SQUARE N. LAKELAND FL 33813**  
Mailing Address: **PO BOX 7022 LAKELAND FL 33807-7022**

3. Date Incorporated or Qualified: **07/13/1992**  
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-3137225**  
Applied For:   
Not Applicable:

Subs. Apt. # etc.: **22**  
Subs. Apt. # etc.: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**  
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

City: **24** State: **25** City: **29** State: **30**

8. The corporation has liability for intangible tax under S. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WELLS, BILL J.  
122 ELM SQUARE N.  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.09(3) and 607.1508, Florida Statutes, the above named corporation submits the 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                   |
|----------------|-------------------|
| OFFICE         | PD                |
| NAME           | WELLS, BILL J.    |
| STREET ADDRESS | 122 ELM SQUARE N. |
| CITY, ST. ZIP  | LAKELAND FL       |
| OFFICE         | VD                |
| NAME           | WELLS, NANCY L.   |
| STREET ADDRESS | 122 ELM SQUARE N. |
| CITY, ST. ZIP  | LAKELAND FL       |
| OFFICE         |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY, ST. ZIP  |                   |
| OFFICE         |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY, ST. ZIP  |                   |
| OFFICE         |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY, ST. ZIP  |                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST. ZIP  |   |
| 15 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME           |   |
| 17 STREET ADDRESS |   |
| 18 CITY, ST. ZIP  |   |
| 19 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME           |   |
| 21 STREET ADDRESS |   |
| 22 CITY, ST. ZIP  |   |
| 23 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME           |   |
| 25 STREET ADDRESS |   |
| 26 CITY, ST. ZIP  |   |
| 27 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 NAME           |   |
| 29 STREET ADDRESS |   |
| 30 CITY, ST. ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this principal 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 of this report, or on an attachment with an address.

SIGNATURE: *Billy J. Wells* **Billy J. Wells**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/95** **(813) 647-2182**  
DATE TELEPHONE