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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

V50781 DOCUMENT #
1. Corporation Name

(6)

BILL WELLS ENTERPRISES, INC.

Puncing   Place of Business   Publish   Publ												
Applied For   Paper	122 ELM SOU	BARE N.	PO BOX 7022	PO BOX 7022			- 1 METH QUIDDA 18310 (1840) (1881) 88316		TELA DIDEI	01011 B1911 1801		
Surface Apt. 4, etc.							3. Date Incorporated or Qualified 07/13/1992	3a. Date o	1 Last F 01/19	leport <b>95</b>		
Suit		ace of Business	<del> </del> 1	<del> </del> 1			4. FEI Number 59-3137225	)E				
Zp		t, etc.		<sub>1</sub>			5. Certificate of Status Desired	S8.75 Additional				
25   29   30   Florida Statutes   Ye   No. Name and Address of Current Rigistered Agent   10. Name and Address of New Rigistered Agent   12. ELM SQUIARE N. LAKELAND FL 33813   22   Street Address (P.O. Box Number is Not Acceptable)   23   Street Address (P.O. Box Number is Not Acceptable)   24   City   FL   65   Zip Code   24   City   FL   25   City Code   24   City   FL   24			the first of the f	from the contract of the contr								
MELLS   BILL J.   122 ELM SQUARE N.   LAKELAND FL 33813		— ·	<sub>1</sub>	<b>├</b> , '								
WELLS, BILL J.   122 ELM SOUARE N.   LAKELAND FL 33813		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered A	jent			
122 ELM SQUARE N. LAKELAND FL 33813  82 Sirelet Address IP-O Box Number is Not Address IP-O Box Number is					81	Name						
B4   City   FL   85   Zp Code					82	Street Addre	kiddress (P.O. Box Number is Not Acceptable)					
The present 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 agent, or both, in the State of Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  THE  WELLS, BILL J.  112. ELM SQUARE N.  LAKELAND FL  112. LEM SQUARE N.  LAKELAND FL  112. LEM SQUARE N.  LAKELAND FL  112. LEM SQUARE N.  LAKELAND FL  112. ELM SQUARE N.  LAKELAND FL  122. ELM SQUARE N.  LAKELAND FL  123. NAME  SIRECT ACCRESS  CITY-ST-2P  THE  124. CHIEF  125. AGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  22 NAME  32 NAME  33 STREET ACCRESS  CITY-ST-2P  THE  124. CHIEF  125. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  126. Change Addition  Addition  AMM  42 NAME  43 STREET ACCRESS  CITY-ST-2P  THE  127. NAME  128. CHIEF  128. CHIEF  129. CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  129. CHIEF  120. CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  120. CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  122. CHIEF  123. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  124. CHIEF  125. CHIEF  125. CHIEF  125. CHIEF  125. CHIEF  126. CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  125. CHIEF  126. CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  125. CHIEF  125. CHIEF  126. CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  125. CHIEF  125. CHIEF  126. CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  125. CHIEF  126. CHANGES  127. CHIEF  127. CHIEF  128. CHIEF  129. CHIEF	LAKELAN	ID FL 33813		•	83							
or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. Theretry accept the appointment as registered agent. I am familiar with, and accept the colligations of Section COT-050S, Florida Statutes  SIGNATUFE  12.					84	City		FL	<b>85</b> Z	ıp Code		
PO	or registere	ed agent, or both, in the State of Flo	rida. Such change was authoriz	ed by the c	ve-n orpc	amed corpora oration's board	tion submits this statement for the pur d of directors. Thereby accept the appo	pose of chan pintment as re	ging its gistered	registered office d agent. I am		
12.												
TITLE		**************************************			Agen!	signarure required			IDCCT	OBC INI 12		
NAME   STREET ADDRESS   LAKELAND FL			ermane e de la companya de la compa			··	ADDITIONS CHANGES TO OTT					
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NAME   STREET ADDRESS   CHY-ST-ZIP   Change   DELETE	··· <del>-</del>	VO	☐ DELETE				·· <del>·</del>	- Fi	Change	☐ Addition		
122 ELM SQUARE N. LAKELAND FL   23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   3 TITLE   3 TITLE   3 STREET ADDRESS	NAME	WELLS, NANCY L.						_	ŭ			
CATY-ST-ZIP		122 ELM SQUARE N.				ADDRESS						
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CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-ZIP  14. 4 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.   further		contify that the information or section	Lwith this fling is voluntarily free				r the exemution stated in Postice 110	07/2//L\ Ein-ii-	la Ctat	itaa I fuidha		

SIGNATURE:

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 12 if shanned, or an analty hinesit with an address. ALLO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR