SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham 97 JUL 23 PM 12: 19 **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # V50781 (6)BILL WELLS ENTERPRISES, INC. Principal Place of Business Mailing Address 122 ELM SQUARE N. PO 80X 7022 LAKELAND FL 33813 **LAKELAND FL 33807-7022** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1992 04/10/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-3137225 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WELLS, BILL J. 122 EUM SQUARE N. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 84 City 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 changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's hoard 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 Signature, typed or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 THLE TITLE PD 000002251610---07/29/97--01127--015 NAME WELLS, BILL J. 1.2 NAME 4, 1, . 122 ELM SQUARE N. STREET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165.00 LAKELAND FL 1.4 CITY-ST-71P CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME WELLS, NANCY L. 2.2 NAME STREET ADDRESS 122 ELM SQUARE N. 2.3 STREET ADDRESS CITY-ST-ZIP Lakeland FL 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP ☐ DELETE Change Addition TOTLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition T!TLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

17/00

14. I do 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 of 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 chapter or or an added true with an address.

Pollin