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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717387** (5)

1. Corporation Name
WIN-SAN INC.

Principal Place of Business

**111 N ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

Mailing Address

**111 N ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified
10/20/1969

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1311109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JURSS, LUCYANN
195 DOYLE RD.
OSTEEN FL 32764**

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 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME **T
HARTER, JOHN**
STREET ADDRESS **111 N ATLANTIC AVE APT C-104**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE

NAME **D
STEVENS, MADALYN**
STREET ADDRESS **111 N ATLANTIC AVE APT A-107**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE

NAME **SD
WILLARD, CHRIS**
STREET ADDRESS **1938 LONG POND DR.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME **D
WITHERELL, SCOTT**
STREET ADDRESS **1170 S CLAYTON ST**
CITY-ST-ZIP **MT DORA FL**

TITLE ☐ DELETE

NAME **TD
MCWHORTER, JAMES**
STREET ADDRESS **2302 LUCRETIA CT.**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE

NAME **D
HALL, JAMES**
STREET ADDRESS **610 LAKESHORE DR.**
CITY-ST-ZIP **MAITLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P
Richard D. Lippert**
1.3 STREET ADDRESS **2221 So. TERRACE Blvd.**
1.4 CITY-ST-ZIP **Longwood, FL 32779-4854**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-30-96 407-862-7587

CR2E037 (12/95)