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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F80865 (1)

**1. Corporation Name
ELI WINESETT & SONS, INC.**

**Principal Place of Business Mailing Address
PUNTA GORDA 27655 JONES LOOP RD
P.O. DRAWER 610
FT MYERS FL 33902**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/11/1982
3a. Date of Last Report 04/18/1994
4. FEI Number 59-2193329
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt #, etc. **26** State, Apt #, etc.
22 City & State **27** City & State
23 Zip **28** Zip
24 Country **25** Country **29** Country **30** Country

9. Name and Address of Current Registered Agent
**WINESETT, RICHARD W
2248 FIRST STREET
FT MYERS FL 33901**

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

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 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 Signature, typed or printed name of registered agent and tax if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	WINESETT, JAMES N
STREET ADDRESS	27650 JONES LOOP RD.
CITY-ST-ZIP	PUNTA GORDA, FL 00000
TITLE	DP
NAME	WINESETT, RICHARD W
STREET ADDRESS	1574 PASSAIC AVE
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	DVT
NAME	WINESETT, ROBERT A
STREET ADDRESS	2852 CORTEZ BLVD
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	DVS
NAME	WINESETT, NATHAN S.
STREET ADDRESS	1574 PASSAIC AVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 a 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 changed, or on an attachment with an address.

SIGNATURE: *Richard W. Winesett* **4/19/95 (813) 334-2900**
Signature and typed or printed name of signing officer or director Date Telephone #
Richard W. Winesett, President