

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F80865** (1)

1. Corporation Name
ELI WINESETT & SONS, INC.



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

3. Date Incorporated or Qualified: **05/11/1982**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **27655 JONES LOOP RD.**
21. Suite, Apt. #, etc.:
22. City & State: **PUNTA GORDA FL**
23. Zip: **33982-2300** Country: **CHARLOTTE**
24. Mailing Address: **P.O. Drawer 610**
26. Suite, Apt. #, etc.:
27. City & State: **Fort Myers FL**
28. Zip: **33902** Country: **Lee**
29. 30.

4. FEI Number: **59-2193329**
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: **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. City:
84. City: **FL** 85. 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 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WINESETT, JAMES N		1.2 NAME:	
STREET ADDRESS: 27650 JONES LOOP RD.		1.3 STREET ADDRESS:	
CITY-ST-ZIP: PUNTA GORDA, FL 00000		1.4 CITY-ST-ZIP:	
TITLE: DP	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WINESETT, RICHARD W		2.2 NAME:	
STREET ADDRESS: 1574 PASSAIC AVE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: FT MYERS, FL 00000		2.4 CITY-ST-ZIP:	
TITLE: DVT	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WINESETT, ROBERT A		3.2 NAME:	
STREET ADDRESS: 2652 CORTEZ BLVD		3.3 STREET ADDRESS:	
CITY-ST-ZIP: FT MYERS, FL 00000		3.4 CITY-ST-ZIP:	
TITLE: DVS	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WINESETT, NATHAN S.		4.2 NAME:	
STREET ADDRESS: 1574 PASSAIC AVE		4.3 STREET ADDRESS:	
CITY-ST-ZIP: FT. MYERS FL		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 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 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* Richard W. Winesett 941-334-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)