

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am  
Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # **J95813** (8)  
1. Corporation Name  
**DOWNTOWN WINTER HAVEN INC.**



Principal Place of Business <b>505 AVENUE A. N.W. POST OFFICE BOX 194 WINTER HAVEN FL 33882</b>	Mailing Address <b>505 AVENUE A. N.W. POST OFFICE BOX 194 WINTER HAVEN FL 33882-0194</b>
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3. Date Incorporated or Qualified <b>09/30/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business <b>200 Avenue B, NW</b> Suite, Apt. #, etc.	2a. Mailing Address <b>200 Avenue B, NW</b> Suite, Apt. #, etc.	4. FEI Number <b>59-2876016</b>	Applied For Not Applicable
22. <b>P. O. Box 194</b> City & State	27. <b>P. O. Box 194</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. <b>Winter Haven, FL</b> Zip Country	28. <b>Winter Haven, FL</b> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. <b>33881</b>	25. Country	29. <b>33881</b>	30. Country

9. Name and Address of Current Registered Agent <b>STRANG, CARL J., III 1912 HAWENDALE BLVD WINTER HAVEN FL 33881</b>	10. Name and Address of New Registered Agent 81 Name <b>Strang, Carl J., III</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>200 Avenue B, NW</b> 83 84 City <b>Winter Haven, FL</b> 85 Zip Code <b>33881</b>
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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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STRANG, CARL J., JR.</b>		1.2 NAME	
STREET ADDRESS <b>1050 W. LAKE OTIS DRIVE</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>WINTER HAVEN FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RALEY, WILLIAM L.</b>		2.2 NAME	
STREET ADDRESS <b>W. LAKE ELOISE DRIVE</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>WINTER HAVEN FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STRANG, CARL J., III</b>		3.2 NAME	
STREET ADDRESS <b>P.O. BOX 194 N/A</b>		3.3 STREET ADDRESS <b>STRANG, CARL J., III</b>	
CITY - ST - ZIP <b>WINTER HAVEN FL</b>		3.4 CITY - ST - ZIP <b>200 Avenue B, NW</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RALEY, WILLIAM L., JR.</b>		4.2 NAME	
STREET ADDRESS <b>507 AVENUE B, N.W.</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>WINTER HAVEN FL</b>		4.4 CITY - ST - ZIP <b>Winter Haven, FL 33881</b>	
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 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 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: \_\_\_\_\_ DATE: **4/8/97** DAY/PHONE: **941-299-1195 x324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)