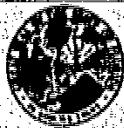


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V47172

(4)

1. Corporation Name

WINTER HAVEN SALES, INC.

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~XXXXXXXXXX~~
WINTER HAVEN FL 33881

Mailing Address

~~XXXXXXXXXX~~
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

03/14/1994

4. FBI Number

59-3131291

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. 193.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 1101 VERNON AVE. NW

Suite, Apt. #, etc.

22

City & State

23 WINTER HAVEN, FLORIDA

Zip

24 33881

Country

2a. Mailing Address

26 1101 VERNON AVE. NW

Suite, Apt. #, etc.

27

City & State

28 WINTER HAVEN, FLORIDA

Zip

29 33881

Country

30

9. Name and Address of Current Registered Agent

THOMAS, CHARLES P
1101 VERNON AVE NW
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, CHARLES P
STREET ADDRESS 1101 VERNON AVE NW
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VD
NAME THOMAS, CHARLES P II
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP DADE CITY FL 33525

TITLE ST
NAME RICHARDSON, VICKIE
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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

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)(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:

Charles P. Thomas

CHARLES P. THOMAS, PRES.

1-31-95

(941) 668-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone