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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 253844

(5)

F.S. WINTERLE AND SON, INC.

FILED	)
Apr 15 1997	8:00am
Secretary o	f State



	e of Rusiness	Mailing Address					UN DADA DADA U		DIT BABLI LABI	
Principal Place of Business Mailing Address  804 LAKE BRADFORD RD  BOX 146  TALLAHASSEE FL 32310-1731  Mailing Address  804 LAKE BRADFORD RD  BOX 146  TALLAHASSEE FL 32302-0148										
INLLAMASSEC	FL 32310-1731	THEMPHOSEE PE SECRET	WITNINGSEE LE SEMENTAG			<ol> <li>Date Incorporated or Qualified 12/08/1961</li> </ol>		3a. Date of Last Report 04/02/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		,	Applied For	
Stute, Apt. #, etc.  City & State.		26 Suite, Apt. #, etc. 27 City & State 28				59-0947461			Not Applicable	
						5. Certificate of Status Desired		\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees		
						Election Campaign Financing     Trust Fund Contribution				
Zip	Country	Zip	Counti	ry		8. This corporation has liability fo		tax under	s. 199.032,	
	25		10					] No		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	legistered /	gent		
WIN	iterle, joe		8	1 Na	me					
	PLANTATION RD.		82 Street Ad		eet Addres	dress (P.O. Box Number is Not Acceptable)				
IAL	LAHASSEE FL 32303		8	3						
			8	4 Cit	·			85 Zi	p Code	
	to the provisions of Sections 607.050 registered agent, or both, in the State orn familiar with, and accept the oblig						FL.	1 1		
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						when reinstating)	.0000	DIDEAT	202 11 10	
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4. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. I further certify that the formation indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 576-011

Daytime Phone #