

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 333395 (2)

1. Corporation Name

WYNINGER INC



Principal Place of Business

HWY 33 SOUTH
P.O. BOX 494
GROVELAND FL 34736

Mailing Address

HWY 33 SOUTH
P.O. BOX 494
GROVELAND FL 34736

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/05/1968

3a. Date of Last Report

04/24/1995

4. FEI Number

59-1217517

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

9. Name and Address of Current Registered Agent

LEININGER, B L
PINE ISLAND RD
GROVELAND FL 32736

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

To be signed by officer or director of corporation or registered agent

To be signed by Agent for Service of Process or Secretary of State

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEININGER, B L	
STREET ADDRESS	PINE ISLAND ROAD	
CITY, ST, ZIP	GROVELAND FL	
TITLE	S	☐ DELETE
NAME	WYNN, WILLIAM D	
STREET ADDRESS	HIGHWAY 19	
CITY, ST, ZIP	GROVELAND FL	
TITLE	D	☐ DELETE
NAME	LEININGER, LORENE P	
STREET ADDRESS	PINE ISLAND ROAD	
CITY, ST, ZIP	GROVELAND FL	
TITLE	D	☐ DELETE
NAME	WYNN, CELESTINA	
STREET ADDRESS	HIGHWAY 19	
CITY, ST, ZIP	GROVELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 or changed, or on an attachment with an address.

SIGNATURE:

Bob Leininger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12

13

CR2E034 (12/95)