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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 558335 (6)
1. Corporation Name
WINGFIELD RESERVE CORPORATION

Principal Place of Business: ONE DUPONT CENTRE #1800, 390 N ORANGE AVE, ORLANDO FL 32801-8641
Mailing Address: ONE DUPONT CENTRE #1800, 390 N ORANGE AVE, ORLANDO FL 32801-8641

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 01/27/1978
3a. Date of Last Report: 05/01/1994

21	2. Principal Place of Business 7651-B Ashley Park Court	26	2a. Mailing Address 7651-B Ashley Park Court	4.	FEI Number 59-1822370	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt #, etc 404	27	Suite, Apt #, etc 404	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Orlando, Florida	28	City & State Orlando	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32835	29	Zip 32835	30	Country USA	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NUTT, GORDON S. ONE DUPONT CENTRE #1800 390 N ORANGE AVE. ORLANDO FL 32801-8641				81	Name SAME		
				82	Street Address (P.O. Box Number is Not Acceptable) 7651-B Ashley Park Court - Suite 404		
				83	City Orlando,		
				84	City Orlando	85	FL

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 _____ DATE _____
(Signature typed or printed name of registered agent and title of corporation) (DATE: Registered Agent signature required when residential)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD NUTT, GORDON S 390 N ORANGE AVE. ORLANDO FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	7651-B Ashley Park Court
STREET ADDRESS		1.3 STREET ADDRESS	Suite 404
CITY ST ZIP		1.4 CITY ST ZIP	Orlando, Florida 32835
TITLE	V NUTT, GORDON S., II 390 N. ORANGE AVE. ORLANDO FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	7651-B Ashley Park Court
STREET ADDRESS		2.3 STREET ADDRESS	Suite 404
CITY ST ZIP		2.4 CITY ST ZIP	Orlando, Florida 32835
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		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		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)(a), 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 this corporation or its 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/17/95
(Signature typed or printed name of signing officer) (DATE)