

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # 586269

(3)

1. Corporation Name

WINTERGREEN PROPERTIES, INC.

Principal Place of Business

P O BOX 261203
TAMPA FL 33685

Mailing Address

P O BOX 261203
TAMPA FL 33685-1203

3. Date Incorporated or Qualified

09/13/1978

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2056506

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. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SCHUELLER, WILLIAM R.
7219 BENJAMIN RD A
TAMPA FL 33634

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 P ☐ DELETE

NAME SCHUELLER, WILLIAM R
STREET ADDRESS 7219 A BENJAMIN RD
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME SCHMITZ, JOHN
STREET ADDRESS 7219 BENJAMIN RD., STE A
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1A TITLE ☐ Change ☐ Addition

1B NAME

1C STREET ADDRESS

1D CITY-ST-ZIP

2A TITLE ☐ Change ☐ Addition

2B NAME

2C STREET ADDRESS

2D CITY-ST-ZIP

3A TITLE ☐ Change ☐ Addition

3B NAME

3C STREET ADDRESS

3D CITY-ST-ZIP

4A TITLE ☐ Change ☐ Addition

4B NAME

4C STREET ADDRESS

4D CITY-ST-ZIP

5A TITLE ☐ Change ☐ Addition

5B NAME

5C STREET ADDRESS

5D CITY-ST-ZIP

6A TITLE ☐ Change ☐ Addition

6B NAME

6C STREET ADDRESS

6D 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 in an attachment with an address.

SIGNATURE

John Schmitz

VP

4/13/97

813-886-4078

CR2E034 (9/96)