

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

FILED
Jun 11 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # To ammend document # 598140 (2)
1. Corporation Name

WINTER PARK CONSTRUCTION CO.

| | |
|--|--|
| Principal Place of Business 221 CIRCLE DRIVE MAITLAND, FL. 32751 | Mailing Address 221 CIRCLE DRIVE MAITLAND, FL. 32751 |
|--|--|

Ameno

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2100351 | | Applied For Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip | | 28 Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

FORREST, TRACY S
221 CIRCLE DRIVE
MAITLAND, FL 32751

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filed, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------|---------------------------------|--|---|--|---|--|
| TITLE | V | XXXXX DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EGER, KATHIE | | | 1.2 NAME | | | |
| STREET ADDRESS | 221 CIRCLE DRIVE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MAITLAND, FL. | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VT | XXXXXXXXX DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COOK, KEVIN | | | 2.2 NAME | | | |
| STREET ADDRESS | 221 CIRCLE DRIVE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MAITLAND FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | V T | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LAWSON, BETTY | | | 3.2 NAME | | | |
| STREET ADDRESS | 221 CIRCLE DRIVE | ADD | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MAITLAND FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 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 | | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 2.1 NAME | | | |
| STREET ADDRESS | | | | 3.1 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.1 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 2.1 NAME | | | |
| STREET ADDRESS | | | | 3.1 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.1 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate. 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.

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