FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:46

DOCUMENT # 730915 (6)

1. Corporation Name
WINNIE-GATORS, INC.

Principal Place of Business	Mailing Address
6228 HUNTERS LANE ST. AUGUSTINE FL 32092	6228 HUNTERS LANE ST. AUGUSTINE FL 32092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1974
3a. Date of Last Report: 04/11/1994
4. FEI Number: 65-0426845 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 55 SEMINOLE DR E	2a. Mailing Address 26 55 SEMINOLE DR E
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BRADENTON, FL	City & State 28 BRADENTON, FL
Zip / Country 24 34208-1764 / 25 USA	Zip / Country 29 34208-1764 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YETTER, DONALD W 1402 3RD AVE. W. BRADENTON FL 34205	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HOFFREN, CINDY	1.2 NAME	MARGARET BYERS	
STREET ADDRESS	5439 SELTON AVE.	1.3 STREET ADDRESS	6228 HUNTERS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32029	
TITLE	DVP	2.1 TITLE	DIR - 1ST VICE PRES	☐ Change ☐ Addition
NAME	KRUICHAK, MAX	2.2 NAME	KRUICHAK, MAX	
STREET ADDRESS	6575 GOLFVIEW AVE	2.3 STREET ADDRESS	6575 GOLFVIEW AVE	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	COCOA, FL 32927	
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	HALSTEAD, PHILIP	3.2 NAME		
STREET ADDRESS	55 SEMINOLE DR. E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	DIR - 2ND VICE PRES	☐ Change ☒ Addition
NAME	LA ROCCO, JOE	4.2 NAME	VAN VALKENBURG, EDWIN	
STREET ADDRESS	539 MARNIE CIRCLE	4.3 STREET ADDRESS	1501 WEST LINEBAUGH AVE	
CITY-ST-ZIP	W. MELBOURNE FL	4.4 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	DVP P	5.1 TITLE	DIR - PRESIDENT	☒ Change ☐ Addition
NAME	HOFFMAN, AL	5.2 NAME	HOFMANN, AL	
STREET ADDRESS	9038 CENTRAL AVE	5.3 STREET ADDRESS	9036 CENTRAL AVE	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	BOOKSVILLE, FL 34613	
TITLE	P D	6.1 TITLE	DIR	☒ Change ☐ Addition
NAME	BYERS, FRANK	6.2 NAME	BYERS, FRANK	
STREET ADDRESS	6228 HUNTERS LANE	6.3 STREET ADDRESS	6228 HUNTERS LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32092	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 25 MAR 1995 904-596-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AL HOFFMAN

0027949