

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **730915** (6)

1. Corporation Name

WINNIE-GATORS, INC.

Principal Place of Business

**55 SEMINOLE DR E
BRADENTON FL 34208-1764
US**

Mailing Address

**55 SEMINOLE DR E
BRADENTON FL 34208-1764
US**

3. Date Incorporated or Qualified
10/11/1974

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
65-0426845

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

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 617.0502 and 617.1508, 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 617.0503, 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 **S** ☐ DELETE
NAME **BYERS, MARGARET**
STREET ADDRESS **6228 HUNTERS LANE**
CITY-ST-ZIP **ST AU**

TITLE **DVP** ☐ DELETE
NAME **KRUICHAK, MAX**
STREET ADDRESS **6575 GOLFVIEW AVE**
CITY-ST-ZIP **COCOA FL**

TITLE **DT** ☐ DELETE
NAME **HALSTEAD, PHILIP**
STREET ADDRESS **55 SEMINOLE DR. E.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **DVP** ☐ DELETE
NAME **VAN VALKENBURG, EDWIN**
STREET ADDRESS **1501 WEST LINEBAUGH AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **DR** ☒ DELETE
NAME **HOFMANN, AL**
STREET ADDRESS **9036 CENTRAL AVE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☒ DELETE
NAME **BYERS, FRANK**
STREET ADDRESS **6228 HUNTERS LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DIRECTOR**
2.3 STREET ADDRESS **MAX KRUICHAK**
2.4 CITY-ST-ZIP **6575 GOLFVIEW AVE
COCOA, FL 32927**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **PRESIDENT**
5.3 STREET ADDRESS **JAMES S. HOUSTON**
5.4 CITY-ST-ZIP **233 NORTH STREET
PORT HARBOR FL 34683**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **2ND V PRES**
6.3 STREET ADDRESS **CHARLES R. WARNER**
6.4 CITY-ST-ZIP **P.O. BOX 660151 490 LIVE OAK AVE
CHULUOTA, FL 32266**

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

CR2E037 (9/96)