


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **730915** (6)

1. Corporation Name

WINNIE-GATORS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

10/11/1974

4. FEI Number

65-0426845

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6216 HUNTERS LANE

26 6216 HUNTERS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ST AUGUSTINE FL

28 ST AUGUSTINE FL

Zip

Country

Zip

Country

24 32092

25 US

29 32092

30 US

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE
NAME **BYERS, MARGARET**
STREET ADDRESS **6228 HUNTERS LANE**
CITY-ST-ZIP **ST AU**

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **KRUICHAK, MAX**
1.3 STREET ADDRESS **6575 GOLFVIEW AVE**
1.4 CITY-ST-ZIP **COCOA, FL 32927**

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

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **HOUSTON, JAMES S**
2.3 STREET ADDRESS **233 N STREET**
2.4 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

3.1 TITLE **TREASURER** ☒ Change ☐ Addition
3.2 NAME **CINDY HOFFREN**
3.3 STREET ADDRESS **6216 HUNTERS LANE**
3.4 CITY-ST-ZIP **ST AUGUSTINE FL 32092**

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

4.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
4.2 NAME **VAN VALKENBURG, EDWIN**
4.3 STREET ADDRESS **1501 WEST LINEBAUGH AVE**
4.4 CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **P** ☒ DELETE
NAME **HOUSTON, JAMES S**
STREET ADDRESS **233 N STREET**
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE **VP** ☒ Change ☐ Addition
5.2 NAME **CHUCK OLSON**
5.3 STREET ADDRESS **9908 CAMERON LANE**
5.4 CITY-ST-ZIP **PARDON FL 34219-9602**

TITLE **VP** ☐ DELETE
NAME **WARNER, CHARLES R**
STREET ADDRESS **470 LIVE OAK AVE**
CITY-ST-ZIP **CHULUOTA FL**

6.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
6.2 NAME **BYERS, FRANK**
6.3 STREET ADDRESS **6228 HUNTERS LN**
6.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32092**

14. I 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.

SIGNATURE:

Cindy Hoffren

3/31/98

904-829-9104

CR2E037 (10/97)