

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730915

1. Corporation Name

WINNIE-GATORS, INC.

Principal Place of Business

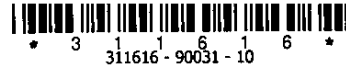
6216 HUNTERS LANE
ST AUGUSTINE FL 32092
US

Mailing Address

6216 HUNTERS LANE
ST AUGUSTINE FL 32092
US

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90031 010 ****61.25



2. Principal Place of Business

21 **6216 HUNTERS' LANE**

2a. Mailing Address

26 **6216 HUNTERS' LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

10/11/1974

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

9. Name and Address of Current Registered Agent

YETTER, DONALD W
1402 3RD AVE. W.
BRADENTON FL 34205

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 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

OFFICERS AND DIRECTORS

12. TITLE **D** ☒ DELETE

NAME **KRUICHAK, MAX**
STREET ADDRESS **6575 GOLFVIEW AVENUE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** ☒ DELETE

NAME **HOUSTON, JAMES S**
STREET ADDRESS **233 N STREET**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **T** ☒ DELETE

NAME **HOFFREN, CINDY**
STREET ADDRESS **6216 HUNTERS LANE**
CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE **P** ☒ DELETE

NAME **VAN VALKENBURG, EDWIN**
STREET ADDRESS **1501 WEST LINEBOUGH AVENUE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **VP** ☒ DELETE

NAME **OLSON, CHUCK**
STREET ADDRESS **9908 CAMERON LANE**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE **D** ☒ DELETE

NAME **BYKERS, FRANK**
STREET ADDRESS **6228 HUNTERS LANE**
CITY-ST-ZIP **ST AUGUSTINE FL 32092**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR - PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **MARGARET BYERS**
1.3 STREET ADDRESS **6228 HUNTERS' LANE**
1.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32092**

2.1 TITLE **FIRST VICE PRESIDENT** ☒ Change ☐ Addition

2.2 NAME **CHARLIE PEARSON**
2.3 STREET ADDRESS **13670 NE 238TH COURT**
2.4 CITY-ST-ZIP **SALT SPRINGS FL 32134**

3.1 TITLE **SECOND VICE PRESIDENT** ☒ Change ☐ Addition

3.2 NAME **PHILIP HALSTEAD**
3.3 STREET ADDRESS **55 SEMINOLE DR. E.**
3.4 CITY-ST-ZIP **BRADENTON, FL 34208**

4.1 TITLE **SECRETARY** ☒ Change ☐ Addition

4.2 NAME **DAWN COSTA**
4.3 STREET ADDRESS **5608 SW 107TH STREET**
4.4 CITY-ST-ZIP **OCALA, FL 34476**

5.1 TITLE **DIRECTOR - TREASURER** ☒ Change ☐ Addition

5.2 NAME **CINDY HOFFREN**
5.3 STREET ADDRESS **6216 HUNTERS' LANE**
5.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32092**

6.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

6.2 NAME **EDWIN VAN VALKENBURG**
6.3 STREET ADDRESS **1501 W. LINEBAUGH AVENUE**
6.4 CITY-ST-ZIP **TAMPA, FL 33612**

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, with all other like empowered.

SIGNATURE:

Cindy Hoffren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5, 1999 **904-940-9104**

Date

Daytime Phone #

0075937

CR2E037-11/98