

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

FILED
Jul 08 1998 8:00am
Secretary of State

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

DOCUMENT # 847101 (3)

1. Corporation Name
FT. WALTON BEACH WINNELSON CO.

Principal Place of Business 101 LANG ROAD FT. WALTON BEACH FL 32547 US	Mailing Address C/O DAPSCO DAYTON 777 LIBERTY LANE DAYTON O 45449 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1000 HURRICANE SHOALS RD. NE.
22 City & State	27 BLOG O, SUITE 500
23 Zip	28 LAWRENCEVILLE, GA
24 Country	29 30043
25	30

3. Date Incorporated or Qualified 10/01/1980
4. FEI Number 43-1143041
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYES STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, VANCE	
STREET ADDRESS	\$00 SW HOLLYWOOD BLVD	
CITY-ST-ZIP	FT WALTON BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, CHARLES J	
STREET ADDRESS	1618 INDUSTRIAL PARK CR.	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARCHER, WILLIAM	
STREET ADDRESS	125 S 7TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENBAUGH, JACK.	
STREET ADDRESS	\$120 KETTERING BLVD.	
CITY-ST-ZIP	DAYTON OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FRY, BENJAMIN	
STREET ADDRESS	777 LIBERTY LANE	
CITY-ST-ZIP	DAYTON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAPOUR, JOHN	
STREET ADDRESS	\$120 KETTERING BLVD	
CITY-ST-ZIP	DAYTON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIP E. MUEGEL	
1.3 STREET ADDRESS	1000 HURRICANE SHOALS RD NE. D, 500	
1.4 CITY-ST-ZIP	LAWRENCEVILLE, GA. 30043	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

CR2E034 (10/97)