

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90035 012 \*\*\*150.00

DOCUMENT # 847101

1. Corporation Name

FT. WALTON BEACH WINNELSON CO.

Principal Place of Business

101 LANG ROAD  
FT. WALTON BEACH FL 32547  
US

Mailing Address

1000 HURRICANE SHOALS ROAD N.E.  
BLDG. D. SUITE 500  
LAURENCEVILLE GA 30043  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1980

4. FEI Number

43-1143041

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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

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 PD ☐ DELETE

NAME ADAMS, VANCE  
STREET ADDRESS 300 SW HOLLYWOOD BLVD  
CITY-ST-ZIP FT WALTON BCH. FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME MUEGEL, PHILIP E.  
STREET ADDRESS 1000 HURRICANE SHOALS ROAD N.E.  
CITY-ST-ZIP LAURENCEVILLE GA 30043

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ARCHER, WILLIAM  
STREET ADDRESS 125 S 7TH ST.  
CITY-ST-ZIP JACKSONVILLE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME OSENBAUGH, JACK.  
STREET ADDRESS 3120 KETTERING BLVD.  
CITY-ST-ZIP DAYTON OH

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LAPOUR, JOHN  
STREET ADDRESS 3120 KETTERING BLVD  
CITY-ST-ZIP DAYTON OH

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99

Date

678-317-0537

Daytime Phone #

CR09034 (11/98)