

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90059 042 ***150.00

DOCUMENT # 847101

1. Entity 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
C-100
LAURENCEVILLE, GA 30043 US

40053333



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03282007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
43-1143041

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, VANCE	
STREET ADDRESS	300 SW HOLLYWOOD BLVD	
CITY - ST - ZIP	FT WALTON BCH., FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MUEGEL, PHILIP E.	
STREET ADDRESS	1000 HURRICANE SHOALS ROAD N.E.	
CITY - ST - ZIP	LAURENCEVILLE, GA 30043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRY, BENJAMIN G	
STREET ADDRESS	3110 KETTERING BLVD	
CITY - ST - ZIP	DAYTON, OH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOSENBAUGH, JACK.	
STREET ADDRESS	3110 KETTERING BLVD	
CITY - ST - ZIP	DAYTON, OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARKIN, MIKE	
STREET ADDRESS	1000 HURRICANE SHOALS RD C-100	
CITY - ST - ZIP	LAURENCEVILLE, GA 30043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROUT, CALVIN	
STREET ADDRESS	3110 KETTERING BLVD	
CITY - ST - ZIP	DAYTON OH 45429	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALSMAN, MONTE	
STREET ADDRESS	3110 KETTERING BLVD	
CITY - ST - ZIP	DAYTON OH 45429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip E. Muegel 3/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #