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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F30537 1. Corporation Name

WINSTON AND WINSTON, INC.

Principal Place	e of Business	Mailing Address					
9150 SW 197 CIRCLE SUITE B		%LINDA B.WINSTON 9150 S.W. 197TH CIRCLE				• :	
DUNNELLON FL	L 34432	DUNNELLON FL 34432			DO NOT WRITE	IN THIS SPACE	
US					3. Date Incorporated or Qualifed 04/14/1981		<i>.</i>
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
 '		26		59-2091015	Not	Applicable	
Suite, Apt.	# 010	Suite, Apt. #, etc.			30 200 10 10	- \$8.75 A	
	#, etc.	<u> </u>			5. Certificate of Status Desired	Fee Rec	
22		27					
City & State		City & State		6. Election Campaign Financing	_ \$5.00 i		
23		28			1 Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country		8. This corporation owes the current		
24	25	29	30		Personal Property Tax.		□No ·
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
			81	Name			
	RVILLE & CO., INC.		82	04	days (D.O. Boy Nymber in Net Acceptable		
19120 E. PENNSYLVANIA AVE				Street Address (P.O. Box Number is Not Acceptable)			
SUIT			83	ļ		55° 5191 - \$ 24 \$1011 6141 71	1811 2/3/1/1281
	INELLON FL 34432		"				
0011	INCLEON I C 04402		84	City	the state of the s	85 Zip C	ode
more than the r	7. S.	•		Í			
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statute	s, the above	e-named co	rporation submits this statement for the pution's board of directors. I hereby accept the	rpose of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au sations of Section 607.0505. Flori	ithorized by ida Statutes	tne corpora	mon's board or directors. I hereby accept to	ie appointment as reg)
190	an familial with and accept the cong	audits di, Cadadii dovilococ, i idi.		•		# 1 · 1 · 1 · 1	
SIGNATURE	Signature, typed or printed name of registered an	sent and title if applicable. (NOTE:	Registered Ager	nt signature requi	ired when reinstating);	DATE	
	Signature, typed or printed name of registered ag	11	Registered Ager	nt signature requi	ADDITIONS/CHANGES TO OFFIC		RS IN 12
12.	OFFICERS A	pent and title if applicable. (NOTE: ND DIRECTORS DELETE		nt signature requi	ADDITIONS/CHANGES TO OFFIC		RS IN 12
12.	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE	nt signature requi		ERS AND DIRECTOR	
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12.	OFFICERS A PST WINSTON, LINDA B 9150 S.W. 197TH CIRCLE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
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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 of the receiver of the corporation of the corporati

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90018 012 ***150.00