

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

DOCUMENT # **F83664** (5)

WINTER, INC.

APPROVED
AND
FILED

STAMP - 1 JUN 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location 313 12TH STREET W BRADENTON FL 34205		Mailing Address 313 12TH STREET W BRADENTON FL 34205	
2. Filing Date (Month/Day/Year) 06/02/1982		3b. Date of Last Report 05/19/1994	
21. Filing Date (Month/Day/Year) 06/02/1982		4. FEI Number 59-2196234	
22. Filing Date (Month/Day/Year) 06/02/1982		5. Certificate of Status Correct ☐ \$8.75 Additional Fee Required	
23. Filing Date (Month/Day/Year) 06/02/1982		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Filing Date (Month/Day/Year) 06/02/1982		8. Filing Date (Month/Day/Year) 06/02/1982	

9. Name and Address of Current Registered Agent

**LISCH, WILLIAM R.
519 13TH STREET WEST
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 602, 603, and 607, 150B, Florida Statutes, the above-captioned corporation, through the signature of the person or persons designated for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's Board of Directors, through its legal representative, and the appointment of its registered agent. I am

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME PST SUSIE, LILLIAN C.	12b. STREET ADDRESS 313 12TH STREET WEST BRADENTON, FL 00000 34205	13a. NAME	☐ Change ☐ Addition
12c. STREET ADDRESS	12d. CITY, STATE, ZIP	13b. NAME	☐ Change ☐ Addition
12e. NAME	12f. STREET ADDRESS	13c. NAME	☐ Change ☐ Addition
12g. STREET ADDRESS	12h. CITY, STATE, ZIP	13d. NAME	☐ Change ☐ Addition
12i. NAME	12j. STREET ADDRESS	13e. NAME	☐ Change ☐ Addition
12k. STREET ADDRESS	12l. CITY, STATE, ZIP	13f. NAME	☐ Change ☐ Addition
12m. NAME	12n. STREET ADDRESS	13g. NAME	☐ Change ☐ Addition
12o. STREET ADDRESS	12p. CITY, STATE, ZIP	13h. NAME	☐ Change ☐ Addition
12q. NAME	12r. STREET ADDRESS	13i. NAME	☐ Change ☐ Addition
12s. STREET ADDRESS	12t. CITY, STATE, ZIP	13j. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately prepared and there is no liability for the corporation stated in Section 150B, Florida Statutes. I further certify that the information supplied on this statement of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That each officer or director of the corporation or the person or persons designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 1 of this report, or in the other block with an address.

SIGNATURE:

Lillian C. Suine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 746-9126