FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004765 (3)

1. Corporation Name
JACK WINTERS ENTERPRISES, INC.

Principal Place of Business
4205 S FEDERAL HWY
~~433 PLAZA REAL SUITE 275~~
STUART FL 34997
US

Mailing Address
4201 S FEDERAL HWY
~~433 PLAZA REAL SUITE 275~~
STUART FL 34997
US

2. Principal Place of Business
21 4205 S. Federal Hwy
Suite, Apt #, etc.
22 NONE
City & State
23 Stuart, FL
Zip
24 34997
Country
25 USA

2a. Mailing Address
26 4205 S. Federal Hwy
Suite, Apt #, etc.
27 NONE
City & State
28 Stuart, FL
Zip
29 34997
Country
30 USA

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 36-3091201 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
WINTERS, JACK
4205 S FEDERAL HWY
STUART FL 34997

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	WINTERS, JACK B	
STREET ADDRESS	2295 SW ESSEX CT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	V	☐ DELETE
NAME	CLEMENTS, CRAIG	
STREET ADDRESS	2827 SW BRIGHTON WAY	
CITY-ST-ZIP	PALM CIOTY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President	XX Change ☐ Addition
2.2 NAME	F. Craig Clements	
2.3 STREET ADDRESS	1554 SW St Andrews Drive	
2.4 CITY-ST-ZIP	Palm City, FL 34990	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/16/96 Date
(407) 287-0801 Daytime Phone #

CR2E034 (12/95)