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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90209 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000002531

1. Corporation Name

WINGATE LAND CORPORATION



Principal Place of Business

HIGHWAY 60 EAST
MULBERRY FL 33860

Mailing Address

HIGHWAY 60 EAST
MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

59-3506298

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

C T Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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's Signature Required when reinstating)

DATE

PETER F. SOUZA

ASSISTANT SECRETARY

1/12/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME RINALDI, PHILIP L
STREET ADDRESS 110 E. 59TH ST., 31ST FL.
CITY-ST-ZIP NEW YORK NY 10022

TITLE DV ☐ DELETE

NAME STEWART, ROBERT C
STREET ADDRESS STATE ROAD 60 EAST
CITY-ST-ZIP MULBERRY FL 33860

TITLE DVS ☐ DELETE

NAME NEWMAN, SCOTT D
STREET ADDRESS 200 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10166

TITLE V ☐ DELETE

NAME BERARDUCCI, LOUIS D
STREET ADDRESS STATE ROAD 60 EAST
CITY-ST-ZIP MULBERRY FL 33860

TITLE TAS ☐ DELETE

NAME KENWRIGH, NOLA
STREET ADDRESS STATE ROAD 60 EAST
CITY-ST-ZIP MULBERRY FL 33860

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4000 Hwy 60 East
Mulberry, FL 33860

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4000 Hwy 60 East

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4000 Hwy 60 East
Mulberry, FL 33860

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4000 Hwy 60 East

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TS
Kenwright, Nola
4000 Hwy 60 East

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VS
LaPier, Theodore
4000 Hwy 60 East
Mulberry, FL 33860

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

Date

Daytime Phone #

CR2E034 (11/98)