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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G07058

(2)

1. Corporation Name

WINTERSCAPE, INC.



Principal Place of Business

% PAUL K GOTHE
12280 RACE TRACK ROAD
TAMPA FL 33626
US

Mailing Address

% PAUL K GOTHE
12280 RACE TRACK ROAD
TAMPA FL 33626
US

3. Date Incorporated or Qualified
11/02/1982

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21. 90 PAUL K. GOTHE

26. 90 PAUL K. GOTHE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 1195 CLAYS TRAIL

27. 1195 CLAYS TRAIL

City & State

City & State

23. OLDSMAR, FLORIDA

28. OLDSMAR, FLORIDA

Zip

Country

Zip

Country

24. 34677

25. U.S.A.

29. 34677

30. U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOTHE, PAUL K.
12280 RACE TRACK ROAD
TAMPA FL 33626

B1 Name GOTHE, PAUL K.

B2 Street Address (P.O. Box Number is Not Acceptable)
1195 CLAYS TRAIL

B3

B4 City OLDSMAR FL 85 Zip Code 34677

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

Paul K. Gothe

PAUL K. GOTHE

PRESIDENT

2/5/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME GOTHE, PAUL K
STREET ADDRESS 12280 RACE TRACK ROAD
CITY-ST-ZIP TAMPA FL

12 NAME
13 STREET ADDRESS 1195 CLAYS TRAIL
14 CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY-ST-ZIP

74 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

NAME

82 NAME

STREET ADDRESS

83 STREET ADDRESS

CITY-ST-ZIP

84 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: Paul K. Gothe PAUL K. GOTHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/96 813 787 9742

Daytime Phone #

CR2E034 (12/95)