

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

**FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS**

DOCUMENT # H58377 (3)
WINGATE INVESTMENTS, INCORPORATED

95 MAY -1 PM 2:13

1. Principal Office (or Principal Office in Florida) 4908 W. COLONIAL DR. UNIT 5 ORLANDO FL 32808		2. Mailing Address P O BOX 6 UNIT 5 KILLARNEY FL 34740 US		(Print with 10% Extra Space)	
3. Date of Incorporation 05/21/1985		3a. Date of Last Report 05/01/1994		4. FFI Number 59-2546996	
21. Principal Office (or Principal Office in Florida)		26. Mailing Address		Applied For ☐ Not Applicable	
22. Capital Address		27. Capital Address		5. Certificate of Status (Fees) \$8.75 Additional Fee Required	
23. City, State		28. City, State		6. Election Campaign Expenses Trust Fund Contribution \$5.00 May Be Added to Fees	
24. City, State		29. City, State		8. This corporation has liability for other public utilities by 1995 Florida Statute ☐ No ☐ Yes	
9. Name and Address of Current Registered Agent PARRISH, LORETTA W. 1325 CALATHEA DRIVE ORLANDO FL 32818			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Applicable)		
			83.		
			84. City		
			FL 85. Zip Code		
11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a 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 hereby authorized to accept the responsibilities of Section 607.0602, Florida Statutes.					
SIGNATURE 12. OFFICER AND DIRECTOR 13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS					
NAME DP WINGATE, RUBEN A. ROUTE 2, BOX 216 ZOLFO SPRINGS FL		NAME 1. NAME 1. STREET ADDRESS 1. CITY, STATE		☐ Change ☐ Addition	
NAME DV WINGATE, KENNETH R. 11149 ROBERTSON RD. ZOLFO SPRINGS FL		NAME 2. NAME 2. STREET ADDRESS 2. CITY, STATE		☐ Change ☐ Addition	
NAME PARRISH, LORETTA W. 1325 CALATHEA DR. ORLANDO FL		NAME 3. NAME 3. STREET ADDRESS 3. CITY, STATE		☐ Change ☐ Addition	
NAME DTV WINGATE, DONALD A. 110 MERICAM CT. KILLARNEY FL		NAME 4. NAME 4. STREET ADDRESS 4. CITY, STATE		☐ Change ☐ Addition	
NAME D WINGATE, JEWEL L. RT. 2 BOX 216 ZOLFO SPRINGS FL		NAME 5. NAME 5. STREET ADDRESS 5. CITY, STATE		☐ Change ☐ Addition	
		NAME 6. NAME 6. STREET ADDRESS 6. CITY, STATE		☐ Change ☐ Addition	
14. I, the undersigned, certify that the information supplied with this filing is verifiably furnished and deemed equally for the corporation stated in Section 607.0602, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and complete and that the corporation shall take this statement as a condition for the filing of this report. I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, as changed, on an attachment with an address.					
SIGNATURE: <i>Donald A. Wingate, U.A.</i> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DONALD A. WINGATE		5/14/95 407 298-2104 (Typed Name)			