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 # **H58377** **(3)**

1. Corporation Name

WINGATE INVESTMENTS, INCORPORATED

Principal Place of Business

4938 W. COLONIAL DR.
UNIT 5
ORLANDO FL 32808

Mailing Address

P O BOX 6
UNIT 5
KILLARNEY FL 34740
US

3. Date Incorporated or Qualified: **05/21/1985**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2546996** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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	DP	☐ DELETE
NAME	WINGATE, RUBEN A.	
STREET ADDRESS	ROUTE 2, BOX 216	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	DV	☐ DELETE
NAME	WINGATE, KENNETH R.	
STREET ADDRESS	11149 ROBERTSON RD.	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	DSV	☐ DELETE
NAME	PARRISH, LORETTA W.	
STREET ADDRESS	1325 CALATHEA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DTV	☐ DELETE
NAME	WINGATE, DONALD A.	
STREET ADDRESS	110 MERICAM CT.	
CITY-ST-ZIP	KILLARNEY FL	
TITLE	D	☐ DELETE
NAME	WINGATE, JEWEL L.	
STREET ADDRESS	RT. 2 BOX 216	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 business agent/trustee fo execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to this report.

SIGNATURE: Carole Wingate 3-25-96 407 298 2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CAROLE WINGATE