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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

4838 W. COLONIAL DR.
UNIT 3
ORLANDO FL 32808
670 KISSIMMEE AVE
OCAL, FL 34761

Mailing Address

P O BOX 8
UNIT 5
KILLARNEY FL 34740-0008
US

3. Date Incorporated or Qualified
05/21/1985

3a. Date of Last Report
04/01/1996

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 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 607.1508, 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 signature required when reinstating)

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 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.

SIGNATURE: Kenneth R. Wingate, Director, Kenneth Wingate 3/31/97 877-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)