

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 02 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 # J35210

(0)

1. Corporation Name:
WINTER HAVEN LAND COMPANY

Principal Place of Business

1655 E.F. GRIFFIN RD
PO BOX 2186
BARROW FL 33830

Mailing Address

1655 E.F. GRIFFIN RD
PO BOX 2186
BARROW FL 33830-872



3. Date Incorporated or Qualified

09/24/1986

3a. Date of Last Report

07/25/1996

2. Principal Place of Business

21 6700 South Florida Ave.

Suite, Apt. #, etc.

22 Suite #1

City & State

23 Lakeland, FL

Zip

24 33813

Country

25 U.S.A.

2a. Mailing Address

26 6700 South Florida Ave.

Suite, Apt. #, etc.

27 Suite #1

City & State

28 Lakeland, FL

Zip

29 33813

Country

30 U.S.A.

4. FEI Number

59-3107435

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

9. Name and Address of Current Registered Agent

ELLSWORTH, KENT C.

3375 Crews Lake Drive
Lakeland, FL 33813

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLSWORTH, KENT C.
STREET ADDRESS 3375 Crews Lake Drive
CITY-ST-ZIP Lakeland, FL 33813

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. Pres., Director
1.2 NAME W. Wm. Ellsworth, III
1.3 STREET ADDRESS P.O. Box 1369 N/A
1.4 CITY-ST-ZIP Anna Maria, FL 34216

☐ Change

☒ Addition

2.1 TITLE V. Pres., Director
2.2 NAME Michelle E. Badcock
2.3 STREET ADDRESS 3529 Crews Lake Drive
2.4 CITY-ST-ZIP Lakeland, FL 33813

☐ Change

☒ Addition

3.1 TITLE V. Pres., Director
3.2 NAME Suzanne M. Ellsworth
3.3 STREET ADDRESS 3393 Crews Lake Drive
3.4 CITY-ST-ZIP Lakeland, FL 33813

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kent C. Ellsworth, President 4.28.97 (941) 48-9048

CR2E034 (9/96)