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



PROFIT FLORIDA DEPARTMEN						NT OF STATE		Mar 20	199	8 8:	00ar	n
CORPORATION ANNUAL REPORT			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Secretary of State				
DO(1998 CUMENT oration Name	# J35210)	(O)		ATION		_	٦			
WII	nter haven	I LAND COMPANY										
	•	,										
Principal Place of Business Mailing Address								<u> </u>	ii adki akam aii		1(1 (101) (00)	
6700 SOUTH FLORIDA AVE 6700 SOUTH FLORIDA AVE												
STE. 1	ND FL 33813	STE. 1 Lakelan	STE. 1 LAKELAND FL 33813				DO NOT WRITE IN THIS SPACE					
ÜS		US	_				3. Date Incorporated or Qualified				7	
a Princ	inal Place of Bus	inass	2a Mailine	Address				09/24/1986 4. FEI Number			policed For	4
21	2. Principal Place of Business			2a. Mailing Address				59-3107435			applied For lot Applicable	_ e
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	1
22	P. State	27 City 8	27 City & State				_			Deriupel	4	
23	Clty & State			28				Election Campaign Financir Trust Fund Contribution	° 🗆) May Be I to Fees	1
Zip		Country	Zip					8. This corporation owes or ha	s pald the c			7
24	A Blance	25 and Address of Currer	29	nant	30			Personal Property Tax due . 10. Name and Address of New			∐ No	4
			it Dağıştarad A	gent		81 1	Vame	10. Maille Bilo Address of Nes	r negisiere	Agent		4
	ELLSWORTH, 3375 CREWS					B2 S	Street Add	Iress (P.O. Box Number is Not Acce	nteble)			-
	LAKELAND F								plaule)			
						83						
						84 (City		F	85 Zip	Code	1
44 Purs	suant to the provis	sions of Sections 607 050	2 and 607 1508	Florida Statut	les the a	bove-n	amed cor	noration submits this statement for t		of changing	its registered	-
offic	e or registered a	gent, or both, in the State with, and accept the obliga	of Florida, Suc	n change was n 607.0505. Fi	authorize orida Stat	d by th tutes.	e corpora	poration submits this statement for talion's board of directors. I hereby a	ccept the ap	pointment a	s registered	
SIGNATI		, and develop me seng.										
	Signature, type	d or printed name of registered age OFFICERS ANI		ie. (NOI		d Agent s	ignature requ	ired when reinstating)	DATE EFICEDS AN	ID DIRECTO	DC IN 12	-18
12. TITLE	PD	OFFICERS AN	DINECTORS	DELETE	13. 11 Ti	TLE		ADDITIONS/CHANGES TO C	FFICERS AI	☐ Change	Addition	10%
NAME		ORTH, KENT C.			1.2 N	AME						
STREET ADE		REWS LAKE DRIVE			1.3 S	TREET ADO	DRESS					F034
CITY-ST-Z		IND FL		DECETE		ITY-ST-Z	IP			Change	Addition	18
TITLE	TITLE VPO NAME ELLSWORTH, W.WM. I			DELETE 2.1 TI			}			∐ Change	Addition	
STREET ADDRESS PO BOX 1369 N/A							DRESS					
CITY-ST-ZI		MARIA FL				:ITY-\$T-2	1	<u> </u>				1
TITLE	VPD			DELETÉ	3.1 🏗	TLE				Change	Addition	7
NAME		CK, MICHELLE E			3.2 N/							
STREET ADO	li .	REWS LAKE DRIVE			1	TREET ADI						ł
CITY-ST-ZI	<u>P</u> <u>LAKEL</u> A VPD	MO FL		DELETE	4.1 TI	ITY-ST-Z TLE	44			Change	Addition	1
NAME	1	ORTH, SUZANNE M			4.2 N		1			_ •		ì
STREET ADD	MESS 3393 C	REWS LAKE DRIVE			4.3 ST	TREET ADO	DAESS					
CITY-ST-Z	P LAKELA	ND FL		DC: FFF	_	TY-ST-Z	IP			T Observe	4 2 2 10	-
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NAME STREET ADD	MECC.				5.2 N/ 5.3 S1	ame Treet ado	22390					
CITY-ST-Z						ITY-ST-Z	1					
TITLE				DELETE	6.1 TI					Change	Addition	1
NAME					6.2 NA	AME						
STREET ADD	PRESS				6.3 ST	TREET ADD	ORESS					1

14. I 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 leport 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.

3-11-98

941-1,40-5123

FILED