

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

0434612

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90058 044 ***150.00

DOCUMENT # J35210

1. Corporation Name
WINTER HAVEN LAND COMPANY

Principal Place of Business
6700 SOUTH FLORIDA AVE
STE. 1
LAKELAND FL 33813
US

Mailing Address
6700 SOUTH FLORIDA AVE
STE. 1
LAKELAND FL 33813
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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)

16 Lakeview Place

83

84 City

Anna Maria

FL

85 Zip Code

342110

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 PD ☐ DELETE
NAME ELLSWORTH, KENT C.
STREET ADDRESS 3375 CREWS LAKE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE VPD ☐ DELETE
NAME ELLSWORTH, W.WM. I
STREET ADDRESS PO BOX 1369 N/A
CITY-ST-ZIP ANNA MARIA FL

TITLE VPD ☐ DELETE
NAME BADCOCK, MICHELLE E
STREET ADDRESS 3529 CREWS LAKE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE VPD ☐ DELETE
NAME ELLSWORTH, SUZANNE M
STREET ADDRESS 3393 CREWS LAKE DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (352) 518-0870
Date Daytime Phone #

CR2E034 (11/98)