

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J35861** (0)
1. Corporation Name
LONDON & WINCHESTER PROPERTY CORPORATION



Principal Place of Business
**8270 COLLEGE PKWY
205
FT. MYERS FL 33919-2182
US**

Mailing Address
**8270 COLLEGE PKWY
205
FT. MYERS FL 33919-2192
US**

3. Date Incorporated or Qualified **10/01/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **889 111th Avenue North
Naples, Florida 33963-1805**

2a. Mailing Address
26 **889 111th Avenue North
Naples, Florida 33963-1805**

22 **889 111th Avenue North
Naples, Florida 33963-1805**

23 **889 111th Avenue North
Naples, Florida 33963-1805**

24 **889 111th Avenue North
Naples, Florida 33963-1805**

25 **US** 29 **US**

4. FEI Number **59-2708085** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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

**WILSON, GEMMA C.
8270 COLLEGE PKWY, SUITE 205
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
**889 111th Avenue North
Naples, Florida 33963-1805**

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

Gemma C. Wilson

Gemma C. Wilson

5/18/96

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **WILSON, MARK D.**
STREET ADDRESS **8270 COLLEGE PKWY, SUITE 205**
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE
NAME **WILSON, DOUGLAS**
STREET ADDRESS **8270 COLLEGE PKWY, SUITE 205**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **S** ☐ DELETE
NAME **WILSON, GEMMA C.**
STREET ADDRESS **8270 COLLEGE PKWY, SUITE 205**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **PROJECT** ☐ DELETE
NAME **PROJECT**
STREET ADDRESS **DATE RECEIVED**
CITY-ST-ZIP **MAY 23 1996**

TITLE **ACCT. APPROVED** ☐ DELETE
NAME **PROJ. MGB**
STREET ADDRESS **PRESIDENT APPROVED**
CITY-ST-ZIP **PRESIDENT APPROVED**

TITLE **ACCTS. PAY. ENTRY** ☐ DELETE
NAME **ACCTS. PAY. ENTRY**
STREET ADDRESS **DATE PAID**
CITY-ST-ZIP **DATE PAID**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **889 111th Avenue North**
1.3 STREET ADDRESS **Naples, Florida 33963-1805**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **889 111th Avenue North**
2.3 STREET ADDRESS **Naples, Florida 33963-1805**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **889 111th Avenue North**
3.3 STREET ADDRESS **Naples, Florida 33963-1805**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gemma C. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/96 (941) 592-1400
DATE DAYTIME PHONE

CR2E034 (12/95)