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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

J85337

(0)

FILED Feb 05 1996 8:00 am Secretary of State

| THE WINTERFIELD GROUP, | INC. | |
|----------------------------|-----------------|--|
| | | |
| Puncipal Place of Business | Mailing Address | a canacina mede enten merma teiden eteite ibite Arffet mente Mifte Biftet fibit fibit if |

| 2980 HARTLE SUITE 4 JACKSONVILI US | LE FL 32257 | 2990 HARLEY ROAD SUITE 4 JACKSONVILLE FL 3 US | | | 3. Date incorporated or Qualified 07/27/1987 | 3a. Date of Last 04/25 | Report /1995 |
|---|---|--|--------------------------------|-------------------------|--|---|--|
| 2. Principal Place | of Business | 2a. Mailing Address | | | 4. FEI Number 59-2830111 | | Applied For |
| Suite, Apt. <i>h</i> , ε | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Not Applicable 75 Additional e Required |
| City & State 23 | Country | City & State 28 | T | | Election Campaign Financing Trust Fund Contribution | ☐ Add | 00 May Be led to Fees |
| 24 | 25] 9. Name and Address of Co | Zip 29 Irrent Registered Agent | Gountn | / | | □No | s 199.032, |
| * *** | | The megistered Agent | 81 | Name | 10. Name and Address of New R | egistered Agent | |
| | FIELD, CATHRYN D | | | | | | _ |
| 2980 HA # 4 | RTLEY RD W | | 82 83 | L_ | Address (P.O. Box Number is Not Acceptab | le) | |
| JACKSO | NVILLE FL 32257 | | | ļ | | | |
| | | | 84 | •, | | | Zip Code |
| 11. Pursuant to the or registered a familiar with a | he provisions of Sections 607, agent, or both, in the State of guid accept the obligations of | 0502 and 607.1508, Florida Statutes Florida, Such change was authorize Section 607.0505, Florida Statutes. | s, the above- d by the corp | named co oration's l | rporation submits this statement for the purp board of directors. Thereby accept the appo | pose of changing its bintment as registers | registered office |
| SIGNATURE | and and of the obligations of | occión dor lodos, Florida Statutes. | | | | | |
| Stjes | where its end on a reboding one of registered | | Pegintered Age | nt signature re | spired when renstating: | DATE | |
| 12. | PD | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | ORS IN 12 |
| TI LE NAME | WINTERFIELD, CATHRY | /N D | 1 1 THILE |] | | Change | |
| STREET ADDRESS | 8745 COMO LAKE DR | IN U. | 1.2 NAME | į | AND ALD APAULOD | DA | |
| COD ST-ZIE | JACKSONVILLE FL | | 1.3 STREET | | 2918 OID ONCHARD | 700 | |
| TIBLE | | □ DELETE | 1.4 CHY-5 | ST - ZIP | 2919 OID ORCHARD JAKKGONUILLO, FL 3 | Q25/ | |
| NAME | | | 2 1 TIFLE | ŀ | | T Change | Addition |
| S1FELL ADDRESS | | | 2.2 NAME | . ABonsos | | | |
| CHY+SI+ZIP | | | 2 3 STREET | | | | |
| THEF | | DELETE | 2.4 CITY-5 3.1 TITLE | 1-211 | | Channe | C) Adve. |
| NAME | | | 3.2 NAME | | | ☐ Change | Addition |
| STREET ADDRESS | | | 3.3 STREE | LADDRESS | | | |
| C-1Y - ST - Z(F | | | 3.4 City - S | - 1 | | | |
| Talks | | ☐ DELETE | 4 1 THLE | _==- | | Change | Addition |
| NAME | | | 4.2 NAME | 1 | | | |
| STREET ADDRESS | | | 4.3 STHEET | ADORESS | | | |
| QITY-SI-ZIE | | N | 4.4 CiTy - S | T - ZIP | | | |
| Tills F | | DELETE | 5 1 TITLE | | | Change | Addition |
| NAMÉ | | | 5.2 NAME | | | | |
| STEFF : A'LDRESS | | | 5.3 STREET | ADDRESS | | | |
| Ory St-Zie | | | 5 4 CITY - S | 1-219 | | | |
| II'LF | | ☐ DELETE | 6 1 TIELE | | | ☐ Change | [] Addition |
| NAME | | | 6.2 NAME | Í | | mores - 0 | |
| STREET ADDRESS | | | 63 STREET | ADDRESS | | | |
| CHY ST ZIP | | | 6 4 CITY - S | F-ZIP | | | |
| I do hereby ce | atify that the information suppl | ed with this filing is voluntarily furnish | hed and doe | s not quali | fy for the execution stated in Section 119.0 | 17/0/// Final - Ot-4 | A |

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 onth, 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 5 if changed, or on an attachment with an address.

SIGNATURE

Stoll the photomet chand be considered stollar of the on the nection

January 18, 1994 904-884-0080