

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

FILED
May 28 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **L21645** (1)

1. Corporation Name
R.A. VANWINKLE CONSTRUCTION COMPANY



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| Principal Place of Business 880 10TH AVENUE S. #104 NAPLES FL 34102 US | Mailing Address 421 BOW LINE DRIVE #104 NAPLES FL 34103 US |
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DO NOT WRITE IN THIS SPACE

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|--|---|--|---|---|---|---|
| 2. Principal Place of Business 21 421 BOW LINE DRIVE Suite, Apt. #, etc. 22 City & State 23 NAPLES FL Zip 24 34103 Country 25 US | 2a. Mailing Address 26 421 BOW LINE DRIVE Suite, Apt. #, etc. 27 City & State 28 NAPLES FL Zip 29 34103 Country 30 US | 3. Date Incorporated or Qualified 10/06/1989 | 4. FEI Number 65-0153181 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent VAN WINKLE, ROBERT A 880 10TH AVENUE S. 975 N. COLLIER BLVD MARCO ISLAND FL 34145 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 421 BOW LINE DRIVE 83 84 City NAPLES FL 85 Zip Code 34103 |
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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's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAN WINKLE, ROBERT A | 1.2 NAME | |
| STREET ADDRESS | 880 10TH AVENUE S., #4 | 1.3 STREET ADDRESS | 421 BOW LINE DRIVE |
| CITY-ST-ZIP | NAPLES FL 34102 | 1.4 CITY-ST-ZIP | NAPLES FL 34103 |
| TITLE | VST | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAN WINKLE, SALLY ANN | 2.2 NAME | |
| STREET ADDRESS | 880 10 AVENUE S., #4 | 2.3 STREET ADDRESS | 421 BOW LINE DRIVE |
| CITY-ST-ZIP | NAPLES FL 34102 | 2.4 CITY-ST-ZIP | NAPLES FL 34103 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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

SIGNATURE **SALLY ANN VAN WINKLE** **FLS-98** **(041)403-0814**

CR2E034 (10/97)