PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # **L93302**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90032 035 ***150.00

WINSLO	W & ASSOCIATES, INC.								
					_	_	JANU BUBU BUBU	PIRIL BIRIL IBBI	
Principal Place	e of Business	Mailing Address							
2080 INDUSTRIAL PARK RD P O BOX 736 MULBERRY FL 33860 US P O BOX 736 MULBERRY FL 33860						DO NOT WRITE IN THIS	,SPACE		
and a final control of the second of the sec						3. Date Incorporated or Qualifed	, +2-5-		
		<u>\</u>			_	08/14/1990			
Principal Place of Business Address Address				296		4. FEI Number	——	pplied For	
21		26 P.O. BOX	<u>(</u>	46	<u> </u>	59-3022508		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	* ·	Additional equired	
City & State	е.	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28 MULBERK		<u>-C</u>	<u>, </u>	Trust Fund Contribution		to Fees	
Zip	· .	Country Zip / Cou			, S.	8. This corporation owes the current year in	tangible □ Yes	≥ No	
24	25	, <u> </u>	30	<u> </u>	,	Personal Property Tax. 10. Name and Address of New Registered			
,	9. Name and Address of Current	Registered Agent	_	81	Name	TV. Italia dia Address of Item Registered	, .g		
PARKS JOHN PAUL									
C/O WENDEL, CHRITTON & PARKS CHARTERED 5300 SOUTH FLORIDA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				1	
				83	_				
LAKELAND FL 33813					_		- 11		
·			٠.	84	City	FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the al	bove-r	named corpo	pration submits this statement for the purpose of	changing its	s registered	
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flo	authorized orida Statu	i by the utes.	e corporatio	n's board of directors. I hereby accept the appo	ntment as re	gistered	
SIGNATURE			 			when reinstating) OATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent si	ignature required	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TII	TLE			Change	☐ Addition	
NAME	WINSLOW, BLAKE L		1.2 NA	ME		•		-	
STREET ADDRESS			1.3 ST	TREET AL	DDRESS			1	
CITY-ST-ZIP	MULBERRY FL 33860		1.4 CF	TY-ST-2	IP I	ı			
TITLE	VP	☐ DELETE	2.1 717				Change	☐ Addition	
NAME	BETTY C WINSLOW -	الشناح ووام وليربوره	2.2 NA	ME	_	والوالعين والممتش أأته أأدار والشيم والوادان والخاط ويج		.[
STREET ADDRESS			2.3 ST	TREET AC	DDRESS			1	
CITY-ST-ZIP	MULBERRY FL 33860		2.4 C	ITY-ST-2	ZIP				
TITLE ·		☐ DELETE	3.1 TT	TLE			Change	☐ Addition	
NAME ,			3.2 NA	₩E	1			J	
STREET ADDRESS			3.3 ST	TREET AL	DORESS			Ì	
CITY-ST-ZIP			3.4. CI	ny-st-	ŽIP			FF3 A 1 1/4	
TITLE ·		☐ DELETE	4.1 TT	TLE			☐ Change	Addition	
NAME ·			4. 2 N					,	
STREET ADDRESS		-, , - * , ·	4.3 ST	TRĘET AL	DORESS]	\$			
CITY-ST-ZIP			_	TY-ST-Z	ZIP ·			- Addition	
TITLE		☐ DELETE	5.1 TI				Change	☐ Addition	
NAME ·			5.2 NA					}	
STREET ADDRESS		•		TREET AL)	
CITY-ST-ZIP	·			TY-ST-Z	ZIP			- Addition	
TITLE		☐ DELETE	6.1 TIT		l		☐ Change	☐ Addition	
NAME			6.2 NA						
STREET ADDRESS	1	•	. 1 6.3 ST	TREET AL	DDRESS	i		ĭ	

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP