

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # M78495 (2)**

1. Corporation Name  
**WINTER QUARTERS, INC.**



Principal Place of Business Mailing Address  
**% DEAN W. JERGER, PRESIDENT  
P.O. BOX 8080  
PINELLAS PARK FL 34664-5080**

3. Date Incorporated or Qualified **04/29/1988** 3a. Date of Last Report **04/27/1995**  
4. FEI Number **59-2884388** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30

**9. Name and Address of Current Registered Agent**

**JERGER, DEAN W.  
7785 68TH STREET NO.  
PINELLAS PARK FL 34665**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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

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	DCB	<input type="checkbox"/> DELETE
NAME	JERGER, RICHARD M., SR.	
STREET ADDRESS	43 DOLPHIN DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	JERGER, THOMAS J.	
STREET ADDRESS	10305 61 ST CT NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JERGER, DEAN W.	
STREET ADDRESS	7949 9TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	JERGER, RICHARD M., JR.	
STREET ADDRESS	425 79TH STREET S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KIPP, H. LORENE	
STREET ADDRESS	216 23RD AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dean W. Jerger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Dean W. Jerger, President

April 12, 1996 (813) 546-8911

Date Daytime Phone

CR2E034 (12/95)