FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002500 (7)

1. Corporation Name

HISTORIC WINTER HAVEN, INC.

Principal Place of Business	Mailing Address
1433 N LAKE HOWARD DR WINTER HAVEN FL 33881	1433 N LAKE HOWARD DR WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number ~~APPLIED FOR~~ 59-3294479 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
23	28		
Zip / County	Zip / County	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

GERNERT, BOB JR
1433 N LAKE HOWARD DR
WINTER HAVEN FL 33881

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HOWELL, JUDY	12 NAME	
STREET ADDRESS	11 HICKORY WAY	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CLEAVES, JUDY B	22 NAME	
STREET ADDRESS	503 LAKE MARIAM TERR	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PATCHEN, BILL	32 NAME	
STREET ADDRESS	706 AVENUE K SE	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	GERNERT, BOB JR	42 NAME	
STREET ADDRESS	1433 N LAKE HOWARD DR	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	STRAUGHN, JOHN	52 NAME	
STREET ADDRESS	410 FIRST ST S	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	GERNERT, MELEA	62 NAME	
STREET ADDRESS	1433 N LAKE HOWARD DR	63 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Gernert 4-28-95 941-294-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048000