

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 048 ****61.25

DOCUMENT # **N93000002500** ✓

1. Corporation Name

HISTORIC WINTER HAVEN, INC.

Principal Place of Business

1433 N LAKE HOWARD DR
WINTER HAVEN FL 33881

Mailing Address

1433 N LAKE HOWARD DR
WINTER HAVEN FL 33881

585422 - 90018 - 48



2. Principal Place of Business

1 Suite, Apt. #, etc.

3 City & State

4 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/03/1993

4. FEI Number

59-3294479

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

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 617.0502 and 617.1508, 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 617.0503, 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 D ☐ DELETE
NAME HOWELL, JUDY
STREET ADDRESS 11 HICKORY WAY
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ DELETE
NAME CLEAVES, JUDY B
STREET ADDRESS 503 LAKE MARIAM TERR
CITY-ST-ZIP WINTER HAVEN FL

TITLE T ☐ DELETE
NAME CAMPBELL, ROBERT
STREET ADDRESS 4407 BURLINGTON DR.
CITY-ST-ZIP WINTER HAVEN FL

TITLE PD ☐ DELETE
NAME GERNERT, BOB JR
STREET ADDRESS 1433 N LAKE HOWARD DR
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ DELETE
NAME RALEY, WILLIAM L
STREET ADDRESS 507 AVE. B, N.W.
CITY-ST-ZIP WINTER HAVEN FL

TITLE SD ☐ DELETE
NAME GERNERT, MELEA
STREET ADDRESS 1433 N LAKE HOWARD DR
CITY-ST-ZIP WINTER HAVEN FL 33881

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-2-99 941-293-2138

CR2E037 (5/99)