

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P92000006031

1. Entity Name
NADEAN WINTERS CORPORATION



FILED

06 OCT -9 PM 2:20

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
219 E 6TH STREET
PANAMA CITY, FL 32401 US

Mailing Address
219 E 6TH STREET
PANAMA CITY, FL 32401 US

2. Principal Place of Business
257 W. 15th St.

3. Mailing Address
326 PORTER DR.

*Suite, Apt. #, etc.

Suite, Apt. #, etc.

10062006 REIN-P CR2E098 (11/05) 06

City & State
PANAMA CITY, FL.

City & State
LYNN HAVEN, FL.

4. FEI Number
59-3151247

Applied For
Not Applicable

Zip
32401

Country
U.S.

Zip
32444

Country
U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTERS, RICHARD I
219 EAST 6TH STREET
PANAMA CITY, FL 32401

Name
WINTERS, RICHARD I.

Street Address (P.O. Box Number is Not Acceptable)
326 PORTER DR.

City
LYNN HAVEN

FL

Zip Code
32444

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard I. Winters* RICHARD I. WINTERS 10-6-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WINTERS, RICHARD I. ☐ Delete
STREET ADDRESS 219 EAST 6TH STREET
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE PD
NAME WINTERS, RICHARD I. ☒ Change ☐ Addition
STREET ADDRESS 326 PORTER DR.
CITY-ST-ZIP LYNN HAVEN, FL. 32444

TITLE VTD
NAME WINTERS, NADEAN V. ☐ Delete
STREET ADDRESS 219 EAST 6TH STREET
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE VTD
NAME WINTERS, NADEAN V. ☒ Change ☐ Addition
STREET ADDRESS 326 PORTER DR.
CITY-ST-ZIP LYNN HAVEN, FL. 32444

TITLE SD
NAME CARTER, BRANDY R. ☐ Delete
STREET ADDRESS 219 EAST 6TH STREET
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE SD
NAME CARTER, BRANDY R. ☒ Change ☐ Addition
STREET ADDRESS 326 PORTER DR.
CITY-ST-ZIP LYNN HAVEN, FL. 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600080635826
10/09/06--01035--025 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nadean Winters* NADEAN WINTERS/10-6-06/784-9487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #