FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000006055**1. Corporation Name

- J. MARVIN WINN, INC.

Principal Place	of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
131 1ST ST., N.W. LARGO FL 33770 US		131 1ST ST., N.W. LARGO FL 33770		DO NOT WRITE IN TI	HIS SPACE	
		US		3. Date Incorporated or Qualifed 01/26/1993	10017100	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	App	lied For	
21 26				59-3151874	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 N	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		ΠMα.
24	25		0	Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Register	Bu Agent	
WINE	1, MARVIN		OI Name			
131 1ST ST., N.W.			82 Street A	ddress (P.O. Box Number is Not Acceptable)		
LARGO FL 33770			83		· · ·	
27.1.1			55			
			84 City		85 Zip C	ode
agent. I a SIGNATURE	m familiar with, and accept the obligation of registered age	tions of, Section 607.0505, Floric	12 Statutes. Legistered Agent signature rec	ation's board of directors. I hereby accept the apulation's board of directors. I hereby accept the apulation's DATE ADDITIONS/CHANGES TO OFFICERS	-	
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 ΠΤΕ	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	WINN, J M		1.2 NAME			—
NAME	131 1ST ST., N.W.		1.3 STREET ADDRESS			
STREET ADDRESS	LARGO FL 33770		1.4 CITY-ST-ZIP	·		
CITY-ST-ZIP TITLE	LANGO I E SSITO	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		_	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		<u>.</u>	2. 4 CITY-ST-ZIP	ing the second of the second o	77 27 ·	
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY- ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIMENINN, President

4/15/99 (727)581-6817

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90196 047 ***150.00