

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90044 022 ***150.00

DOCUMENT # P96000012474

1. Corporation Name
DIVOT SPA WGV, INC.



Principal Place of Business

201 N FRANKLIN STREET
SUITE 200
TAMPA FL 33602
US

Mailing Address

P.O. BOX 172067
TAMPA FL 33672-2067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 905 W. Reynolds Street

2a. Mailing Address

26 PO Box 172179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Plant City, Florida

Zip Country

24 33566 25 USA

27 City & State

28 Tampa, Florida

Zip Country

29 33672 30 USA

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

59-3379748

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

RIDLEY, FRED S
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83 905 W. Reynolds Street

84 City Plant City

FL

85 Zip Code

33566

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

Ellee M. Knight

4/26/99

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 PD ☒ DELETE

NAME GEWANT, ROBERT N
STREET ADDRESS 201 N FRANKLIN STREET SUITE #200
CITY-ST-ZIP TAMPA FL 33602

TITLE PCEO ☐ DELETE

NAME KNIGHT, ELLEE
STREET ADDRESS 201 N FRANKLIN STREET SUITE #200
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ DELETE

NAME CELLURA, JOSEPH
STREET ADDRESS 201 N FRANKLIN STREET SUITE #200
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☒ DELETE

NAME BAGNALL, CLIFFORD
STREET ADDRESS 201 N FRANKLIN STREET SUITE #200
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Knight, Ellee M.

2.3 STREET ADDRESS PO Box 3591

2.4 CITY-ST-ZIP Plant City, FL 33564

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Joseph R. Cellura

3.3 STREET ADDRESS PO Box 172179

3.4 CITY-ST-ZIP Tampa, FL 33602

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 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.

SIGNATURE:

Ellee M. Knight

4/26/99

8132308331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0402970