Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

## DOCUMENT # P96000053461 1. Corporation Name

City & State

SIGNATURE:

24

WIN-NET COMMINICATION, INC.

WINTED COMMISSION				
Principal Place of Business	Mailing Address			
6272 RADFORD ST. SPRING HILL FL 34606	6272 RADFORD ST. SPRING HILL FL 34606			
2. Principal Place of Business	2a. Mailing Address			
Suite, Act. #, etc.	Suite, Apt. #, etc.			

28

29

Zip

City & State

WINGROVE, CLARENCE W 215 EDERINGTON DR. **BROOKSVILLE FL 34601** 

Cour try

9. Name and Address of Current Registered Agent

25

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90067 014 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Persor al Property Tax.

Street Acdress (P.O. Bo) Number is Not Acceptable)

06/24/1996

59-3394992

4. FEI Number

		84 City	·	FL 85 Zip C	ode		
11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolh, 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	Signature, typed or printed naine of registered agent and title if applicable. (NO	Ti:: Registered Agent signature required	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTOR	S IN 12		
TITLE	D DELETE	1,1 TITLE		☐ Change	Addition		
NAME	WINGROVE, CHARLES O	1.2 NAME			}		
STREET ADDRESS	6272 RADFORD ST.	1.3 STREET ADDRESS			1		
	SPRING HILL FL 34606	1.4 CITY-ST-ZIP					
CITY+ST-ZIP	D DELETE	2.1 TITLE		Change	Addition		
TITLE		2.2 NAME		_ ·	_ ]		
NAME	LANGE, ANNINETTE						
STREET ADDRE 3S	6272 RADFORD ST.	2.3 STREET ADDRESS					
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP		Change	Addition		
TITLE	D DELETE	3.1 TITLE		Citalige			
NAME	WINGROVE, CLARENCE W	3.2 NAME					
STREET ADDRESS	215 EDERINGTON DR.	3.3 STREET ADDRESS					
CITY-ST-ZIP	BROOKSVILLE FL 34601	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		52 NAME					
STREET ADDRESS		5.3 STREET ADDRESS			}		
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE		Change	Addition		
NAME		62 NAME			}		
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					
14 Lharahi c	ertify that the information supplied with this filing does not qualify	fo the exemption stated in S	Section 119.07(3)(i), Florida Statutes	s. I further certify that the in	formation		
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that term 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 1.2 (	or block to it changed, or on an attachment with an address, with	an other like empowered.		(353)			

Country

81

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