

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90084 018 ***150.00

DOCUMENT # P 96000064247

1. Entity Name
 Wynn's Fishing and Lodging, Inc.

Principal Place of Business: 5350 Highway 441 SE, Okeechobee, FL 34974
 Mailing Address: 5350 Highway 441 SE, Okeechobee, FL 34974

2. Principal Place of Business: 5350 Highway 441 SE, Suite, Apt. #, etc.
 3. Mailing Address: 5350 Highway 441 SE, Suite, Apt. #, etc.

City & State: Okeechobee, FL
 Zip: 34974
 Country: Okeechobee

4. FEI Number: 59-3436369
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 Johnnie Ruth Fralix
 1865 NW 50th Avenue
 Okeechobee, FL 34972

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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.

SIGNATURE: Johnnie Fralix JOHNIE FRALIX DATE: 4-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: Vice-President/Treasurer <input type="checkbox"/> Delete	NAME: Johnnie Ruth Fralix
STREET ADDRESS: 1865 NW 50th Avenue	CITY-ST-ZIP: Okeechobee FL 34972
TITLE: President <input type="checkbox"/> Delete	NAME: G. Wynn Fralix
STREET ADDRESS: 1865 NW 50th Avenue	CITY-ST-ZIP: Okeechobee FL 34972
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johnnie Fralix JOHNIE RUTH FRALIX DATE: 4-26-00 863 467-9966
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/99)