## 5-4-98 5-6340 -C. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000103015

WINCTADD DISCINECE DOONEDS & DEALTY INC

**FILED** May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1997 4. FEI Number Applied For 59-3416013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State Crty & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Zıp Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WARWIN, ROBERT M 12017 ROYAL FERN LANE Street Address (P.O. Box Number is Not Acceptable) JACKSONMLLE FL 32223 83

			84 City		FL 85 Zip Code	
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 .						
			Registered Agent signature require		DATE  OFFICERS AND DIRECTORS IN 12	<del></del> _
12.	PID OFFICERS AND DIRE	DELETE		ADDITIONS/CHANGES TO		∠ ddition
TITLE	WARWIN, ROBERT M	L. DECERE	1.1 TOLE		□ clange □ A	JAIIIION I
NAME			1.2 NAME			
STREET ADDRESS	12017 ROYAL FERN LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP			
TITLE	SVD	DELETE	2.1 TITLE		☐ Change ☐ A	ddition
NAME	WARWIN, PAULA S		22 NAME			ŀ
STREET ADDRESS	12017 ROYAL FERN LANE		2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	JACKSONVILLE FL 32223		2. 4 CITY-ST-ZIP			Ы
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CITY OF THE			SACITY ST 7ID			

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.

SIGNATURE:

904-218-0600