

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

FILED

Sep 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000003860 (8)**

1. Corporation Name

TRACY WINTERS LOG HOMES & SEALANTS, INC.

Principal Place of Business

P.O. BOX 3245
DAVIS LANE
LAKE CITY FL 32056

Mailing Address

P.O. BOX 3245
DAVIS LANE
LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1997

4. FEI Number

59-3420832

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **P O Box 3245 Davis Lane**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Lake City, Fl**

28 City & State

Zip Country

Zip Country

24 **32056**

29 **-**

30 **-**

9. Name and Address of Current Registered Agent

**WINTER, TRACY A
RT 14 BOX 237E
LAKE CITY FL 32024**

10. Name and Address of New Registered Agent

81 Name

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

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

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 ☐ DELETE
NAME **Pres**
STREET ADDRESS **Tracy A Winters**
CITY-ST-ZIP **P O BOX 3245 DAVIS LANE**
LAKE CITY, FL 32056 **N/A**

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **DARRELL J NICHOLSON**
CITY-ST-ZIP **RT 14 BOX 237-E**
LAKE CITY, FL 32024 **N/A**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **AARON WOODS**
CITY-ST-ZIP **P.O. BOX 847 SOUTHWOOD ACRES**
LAKE CITY, FL 32056 **N/A**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Darrell J. Nicholson

4/26/98

Dep. \$150.00 9-11

CR2E034 (10/97)