

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

FILED
Apr 28 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 # **P97000042715 (7)**

1. Corporation Name
WINCO OF ST. AUGUSTINE, INC.



Principal Place of Business 6370 U.S. 1 NORTH ST AUGUSTINE FL 32095	Mailing Address 6370 U.S. 1 NORTH ST AUGUSTINE FL 32095
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6480 US 1 North Suite, Apt. #, etc.		2a. Mailing Address 26 6480 US 1 North Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/14/1997	
22 City & State 23 St. Augustine, FL Zip 24 32095		27 City & State 28 St. Augustine, FL Zip 29 32095		4. FEI Number 59-3446958 Applied For <input type="checkbox"/> Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OPGELDER, HENDRICK HENK 6370 U.S. 1 NORTH ST AUGUSTINE FL 32095		10. Name and Address of New Registered Agent 81 Name OPGelder, Hendrick 82 Street Address (P.O. Box Number is Not Acceptable) 6480 US 1 North 83 84 City St. Augustine FL 85 Zip Code 32095	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPGELDER, HENDRICK HENK	1.2 NAME	
STREET ADDRESS	4251 PALMETTO STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPGELDER, SJOUK	2.2 NAME	
STREET ADDRESS	4251 PALMETTO STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an Attachment with an address.

SIGNATURE

1/22/98

904 824 9000

CR2E034 (10/97)