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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105803 (5)

WINKLE, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 18033 ROSE STREET 18033 ROSE STREET **GROVELAND FL 34736 GROVELAND FL 34736** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1997 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-3482782 Post Office Box 120911 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Clermont, FL Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 34712-091130 USA Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent WINKLE, CINDY L Name 18033 ROSE STREET Street Address (P.O. Box Number is Not Acceptable) **GROVELAND FL 34736** 83 84 City 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. Signalure, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition P/T/S NAME 1.2 NAME Cindy L. Winkle 18033 Rose Street STREET ADDRESS 1.3 STREET ADDRESS Groveland, FL 34736 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE ☐ Change TITLE 2.1 TITLE Addition NAME Richard A. Winkle 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 18033 Rose Street CITY-ST-ZIP 2.4 CITY-ST-ZIP Groveland, FL 34736 DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE ☐ Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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

04/15/98 (352)323-951