

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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90026 026 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000052389

1. Corporation Name

ZELLWIN MANAGEMENT GROUP, INC.

Principal Place of Business  
6161 WEST JONES AVENUE  
ZELLWOOD FL 32789

Mailing Address  
6161 WEST JONES AVENUE  
ZELLWOOD FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

59-3516453

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 188

27 Suite, Apt. #, etc.

28 City & State

Zellwood, FL

29 Zip

32798

Country

30 USA

9. Name and Address of Current Registered Agent

O'DONNELL, JAMES D  
1648 OSCEOLA STREET  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name  
Glenn R. Rogers

82 Street Address (P.O. Box Number is Not Acceptable)  
6161 Jones Avenue

83 P.O. Box 188

84 City  
Zellwood

FL

85 Zip Code  
32798

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

*Glenn R. Rogers*

1/19/99

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	D	<input type="checkbox"/> DELETE
NAME	ROGERS, GLENN R	
STREET ADDRESS	6161 WEST JONES AVENUE	
CITY-ST-ZIP	ZELLWOOD FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNGS, THOMAS L	
STREET ADDRESS	6161 WEST JONES AVENUE	
CITY-ST-ZIP	ZELLWOOD FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, CHARLIE W	
STREET ADDRESS	6161 WEST JONES AVENUE	
CITY-ST-ZIP	ZELLWOOD FL 32789	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rogers, Glenn R.	
1.3 STREET ADDRESS	6161 Jones Avenue	
1.4 CITY-ST-ZIP	Zellwood, FL 32798	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Youngs, Thomas L.	
2.3 STREET ADDRESS	6161 Jones Avenue	
2.4 CITY-ST-ZIP	Zellwood, FL 32798	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kennedy, Charles W.	
3.3 STREET ADDRESS	6161 Jones Avenue	
3.4 CITY-ST-ZIP	Zellwood, FL 32798	
4.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Staley, James M.	
4.3 STREET ADDRESS	6161 Jones Avenue	
4.4 CITY-ST-ZIP	Zellwood, FL 32798	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Glenn R. Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn R. Rogers

1/19/99

(407) 886-1891

Date

Daytime Phone #

CR2E034 (11/98)