

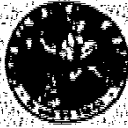
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # V15041

(9)

1. Corporation Name

WINTER QUARTER SALES, INC.

Principal Place of Business

**800 KAY ROAD NORTHEAST
BRADENTON FL 34202**

Mailing Address

**800 KAY ROAD NORTHEAST
BRADENTON FL 34202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1992

3a. Date of Last Report

04/12/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0311555

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 has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**JERGER, DEAN W.
7785 66TH STREET NORTH
PINELLAS PARK FL 34665**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

NAME

JERGER, RICHARD M. SR.

STREET ADDRESS

**43 DOLPHIN DR.
TREASURE ISLAND FL**

CITY-ST-ZIP

TITLE

VD

NAME

JERGER, THOMAS J.

STREET ADDRESS

**10305 61ST CT NORTH
PINELLAS PARK FL**

CITY-ST-ZIP

TITLE

PD

NAME

JERGER, DEAN W.

STREET ADDRESS

**7949 NINTH AVE. SOUTH
ST. PETERSBURG FL**

CITY-ST-ZIP

TITLE

VD

NAME

JERGER, RICHARD M. JR.

STREET ADDRESS

**1835 MONTANA AVE., N.E.
ST. PETERSBURG FL**

CITY-ST-ZIP

TITLE

STD

NAME

KIPP, LORENE H.

STREET ADDRESS

**216 23RD AVENUE N.
ST. PETERSBURG FL**

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dean W. Jerger Dean W. Jerger, President 4/21/95 (813) 546-8911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number