

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V69613** (0)

1. Corporation Name

**WINTER PARK PLAZA CORPORATION**



Principal Place of Business

**PO BOX 4069  
JACKSONVILLE FL 32201**

Mailing Address

**PO BOX 4069  
JACKSONVILLE FL 32201**

3. Date Incorporated or Qualified  
**10/08/1992**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 **1600 Independent Square**

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 **1600 Independent Square**

City & State

28

Zip

29

Country

30

4. FEI Number

**59-3149323**

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. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KREIS, ROBERT R  
1010 E ADAMS ST  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

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

**1600 Independent Square**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
LOVETTE, WR II  
1010 E. ADAMS STREET  
JACKSONVILLE FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
LOEB, K L  
1010 E ADAMS STREET  
JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
LOVETTE, P H  
1010 E ADAMS STREET  
JACKSONVILLE FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
WILLIAMS, L D  
1010 E ADAMS STREET  
JACKSONVILLE FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
KREIS, R R  
1010 E ADAMS STREET  
JACKSONVILLE FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
LOVETT, L. D  
1010 EAST ADAMS STREET  
JACKSONVILLE FL 32202**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**1600 Independents Square  
32202**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**1600 Independent Square  
32202**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
**1600 Independent Square  
32202**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
**1600 Independesnt Square  
32202**

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

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: *R. Williams* Pres./Tres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-96 904634-8808**

Date

Daytime Phone #

CR2E034 (12/95)