

**2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 847101

**Entity Name:** FT. WALTON BEACH WINSUPPLY CO.**Current Principal Place of Business:**C/O WGS - COMPLIANCE SERVICES  
3110 KETTERING BLVD  
MORaine, OH 45439**Current Mailing Address:**C/O WGS - COMPLIANCE SERVICES  
3110 KETTERING BLVD  
MORaine, OH 45439 US**FEI Number:** 43-1143041**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            O'QUINN, JASON N  
Address        40 BEAL PKWY 181  
City-State-Zip: FT. WALTON BEACH FL 32548

Title            DIRECTOR  
Name            SALSMAN, MONTE L  
Address        C/O WGS - COMPLIANCE SERVICES  
                  3110 KETTERING BLVD  
City-State-Zip: DAYTON OH 45439

Title            TREASURER  
Name            CULLER, SEAN W  
Address        C/O WGS - COMPLIANCE SERVICES  
                  3110 KETTERING BLVD  
City-State-Zip: DAYTON OH 45439

Title            DIRECTOR  
Name            MCCULLOUGH, ROBERT F  
Address        C/O WGS - COMPLIANCE SERVICES  
                  3110 KETTERING BLVD  
City-State-Zip: MORaine OH 45439

Title            SECRETARY  
Name            KIRKLAND, MICHAEL S.  
Address        C/O WGS - COMPLIANCE SERVICES  
                  3110 KETTERING BLVD  
City-State-Zip: DAYTON OH 45439

Title            DIRECTOR  
Name            LYNN, JONATHAN D.  
Address        25451A STATE HIGHWAY 181  
City-State-Zip: DAPHNE AL 36526

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL S. KIRKLAND****SECRETARY****01/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date