

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003164

**Entity Name:** WINSUPPLY GAINESVILLE FL CO.

**Current Principal Place of Business:**

C/O WGS - COMPLIANCE SERVICES  
3110 KETTERING BLVD  
MORaine, OH 45439-1924

**FILED**  
**Apr 26, 2022**  
**Secretary of State**  
**3774300312CC**

**Current Mailing Address:**

C/O WGS - COMPLIANCE SERVICES  
3110 KETTERING BLVD  
MORaine, OH 45439-1924 US

**FEI Number: 85-1846433**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS 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            MADDEN, MARTICE S  
Address        3110 KETTERING BLVD  
City-State-Zip: MORaine OH 45439-1924

Title            VP, DIRECTOR  
Name            LARKIN, D. MICHAEL  
Address        3110 KETTERING BLVD  
City-State-Zip: MORaine OH 45439-1924

Title            SECRETARY  
Name            KIRKLAND, MICHAEL S  
Address        3110 KETTERING BLVD  
City-State-Zip: MORaine OH 45439-1924

Title            TREASURER  
Name            CULLER, SEAN W  
Address        3110 KETTERING BLVD  
City-State-Zip: MORaine OH 45439-1924

Title            DIRECTOR  
Name            HARDY, ARNOLD  
Address        3110 KETTERING BLVD  
City-State-Zip: MORaine OH 45439-1924

Title            DIRECTOR  
Name            FERGUSON, ROBERT W  
Address        3110 KETTERING BLVD  
City-State-Zip: MORaine OH 45439-1924

Title            DIRECTOR  
Name            TERRANOVA, JANET L  
Address        7559 W GULF TO LAKE HWY  
City-State-Zip: CRYSTAL RIVER FL 34429-7804

Title            DIRECTOR  
Name            BURKE, MARK A  
Address        2365 DENNIS ST  
City-State-Zip: JACKSONVILLE FL 32204-1709

*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: SEAN W. CULLER**

**TREASURER**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date