

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **679386** (3)

1. Corporation Name:
W.W. WINDLE COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
528 PALM WAY C/O W. W. WINDLE GULF STREAM FL 33483 US

3. Date Incorporated or Qualified **07/08/1980** 3a. Date of Last Report **04/26/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **04-1978430** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip Country 29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINSTONE, W. WINDLE
528 PALM WAY
SUITE #801
GULF STREAM FL 33483**

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 607.0508, Florida Statutes.

SIGNATURE

(Signature of the individual registered agent and the corporation)

(Signature of the registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	WINDLE, WINSTONE W
STREET ADDRESS	528 PALM WAY
CITY, ST, ZIP	GULF STREAM FL
TITLE	S
NAME	WINDLE, MARY BETH
STREET ADDRESS	528 PALM WAY
CITY, ST, ZIP	GULF STREAM FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 Sections 140.01(3)(b), 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 in the state that I am an officer or director of the corporation or the recorder of the tax on powers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *W. W. Windle*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

PLES
4/28/95
1995