CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 12 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686516 (6)

1. Corporation Name

WYNDEMER SERVICES, INC.

The last "E" has been omitted

Principal Place of Business	Mailing Address
~~3000 LIVINGSTON RD.~~ NAPLES FL 33999-4208	~~3000 LIVINGSTON RD.~~ NAPLES FL 33999-4208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1980
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21: 98 Wyndemere Way
22: Suite, Apt. #/etc
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 98 Wyndemere Way
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2025091 ☐ 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 § 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MALONEY, THOMAS E
C/O QUARRELS & BRADY
4501 TAMIAMI TR. N.
NAPLES FL 33940-0060

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 _____ DATE
(Signature, typed or printed name of registered agent and the date of signature) NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	MUSIELLO, FRANK	12 NAME	
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	13 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	NAPLES, FL 00000	14 CITY ST ZIP	
TITLE	~~D~~	21 TITLE	☒ Change ☐ Addition
NAME	~~BRANNING, CHERIE A~~	22 NAME	MURPHY, Laura
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	23 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	~~NAPLES, FL 00000~~	24 CITY ST ZIP	Naples, FL 33999
TITLE	PTD	31 TITLE	☒ Change ☐ Addition
NAME	VIGGIANI, A.J.	32 NAME	
STREET ADDRESS	~~3000 LIVINGSTON RD.~~	33 STREET ADDRESS	98 Wyndemere Way
CITY ST ZIP	NAPLES, FL 00000	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	200001 425132
STREET ADDRESS		43 STREET ADDRESS	-04/13/95--01005--033
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

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)(i), 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 added to the report with an address.

SIGNATURE: [signature] 3/31/95 813-434-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
A. J. VIGGIANI, President

0332400 CP