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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H52082

1. Corporation Name
WIN-MIL-NO CORP

Principal Place of Business 4122 VOORNE STREET SARASOTA FL 34234 US	Mailing Address 3802 COPENHAGEN SARASOTA FL 34234 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4000 N. TUTTLE AVE	2a. Mailing Address 26 4000 N. TUTTLE AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 % WIN-MIL-ND CORP
City & State 23 SARASOTA FL	City & State 28 SARASOTA, FL
Zip Country 24 34234 25 US	Zip Country 29 34234 30 US

3. Date Incorporated or Qualified 04/12/1985	4. FEI Number 59-2500069	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

GEEHAN, RICHARD
3802 COPENHAGEN
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name **KILDOYLE, WILLIAM**
 82 Street Address (P.O. Box Number is Not Acceptable)
4122 VOORNE ST.
 83
 84 City **SARASOTA** FL 85 Zip Code **34234**

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 **WILLIAM KILDOYLE, PRESIDENT** *William K. Doyle* DATE **3/29/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KILDOYLE, WILLIAM		1.2 NAME	
STREET ADDRESS 4122 VOORNE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34234		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOND, FRANCIS		2.2 NAME	
STREET ADDRESS 3832 RHINE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34234		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCLOSKEY, NANCY		3.2 NAME	SLATTERY, IRENE
STREET ADDRESS 3810 AACHEN ST.		3.3 STREET ADDRESS	3912 COPENHAGEN ST.
CITY-ST-ZIP SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA, FL 34234
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PIPHER, ELIZABETH		4.2 NAME	LOWE, JACK A.
STREET ADDRESS 3906 VOORNE ST		4.3 STREET ADDRESS	3710 VOORNE ST
CITY-ST-ZIP SARASOTA FL 34234		4.4 CITY-ST-ZIP	SARASOTA FL 34234-5449
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEEHAN, RICHARD		5.2 NAME	HERENDEEN, CARL
STREET ADDRESS 3802 COPENHAGEN ST		5.3 STREET ADDRESS	3716 EDAM ST.
CITY-ST-ZIP SARASOTA FL 34234		5.4 CITY-ST-ZIP	SARASOTA, FL 34234
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONETTE, CHARLES		6.2 NAME	
STREET ADDRESS 3726 VOORNE ST		6.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34234		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack A. Lowe* **JACK A. LOWE, TREAS.** DATE: **MAR 27, 1999** DAYTIME PHONE #: **941-355-5454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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