FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 443108

(6)

Mailing Address

THE WINDHAM COMPANY

Principal Place of Business

FILED
Apr 29 1997 8:00am
Secretary of State

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407 SOUTH PA (PO BOX 1258 PENSACOLA F	7 92573)	407 S PACE BLVD P.O. BOX 12587 PENSACOLA FL 32573-258	17			
US		US		3. Date Incorporated or Qualified 12/31/1973	3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied f	For
21		26		59-1533903	Not Apple	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Addition Fee Required	- 1
City & State		City & State		Etection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζφ 29	Gountry 30		Yes No)32,
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	jislered Agent	
	DHAM, ROBERT T		81 Name	WINDHAM, ROBERT T.		
	STAR LAKE DRIVE ISACOLA FL		82 Street Ad	Bidress (P.O. Box Number is Not Acceptable 5001 GRANDE DRIVE #15		
			63	PENSACOLA, FL	32503)
			84 City		85 Zip Code	
dd Dinawaat	to the pro-	20 and CO7 MO Fly Ida Challe		PENSACOLA	FL 32503	otovad
office or r	egistered agent, or byth At the State	i of Norida Sulti mange was a	es, the above-named co authorized by the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registe tithe appointment as registe	ered
agent. I a	m familiar with, and contine oblig	tion: of Socio (607.0505, Fi				
SIGNATURE	Signature, typed or prilled transe of registered ag	ent and title if applicable (501	E. Registrated Agent signaturu red	ROBERT T. WINDHAM	2/20/97	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		2
TITLE	PD	DECEME	1.1 TOLE			Addition
NAME	WINDHAM, ROBERT T		1.2 NAME			
STREET ADDRESS	5001 GRANDE DRIVE #1522		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 C(1Y - S1 - 2IP		32503	
TITLE	8	DELFTE	2.1 TOLE		Change 🔀 A	Addition
NAME	REDMAN, LAJUAN		2.2 NAME			
STREET ADDRESS	615 BAYSHORE DR #808		2.3 STREET ADDRESS		22527	
CITY-ST-ZIP	PENSACOLA FL	.,	2.4 CITY-S1-ZIP		32507	
TITLE		☐ DELFTE	3.1 TITLE		Change 🔲 A	Addition
NAME			3.2 NAMI			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP		T DIVIT	3.4. C(TY+ST-7)P			A di districti
TITLE		☐ DETEAE	4111111		Change A	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-SI-ZIP		DELFTE	4.4 CHY-S1-ZIP		Change A	Addition
TITLE		F) Secret	5.1 1)TLF		Li onange Li A	nuunigii
NAME PERCY ADDRESS			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change A	Addition
NAME		[] Direit	6.2 NAME		C Summer Clu	MANUAL
SYREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-S1-ZIP			

14. I do 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 angula report or supplemental angula 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 cooperation or the receiver cytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mame appears in Block 12 or Block 13 if hange I, or or an a tachnicity of an address

AIANIATURE.

/ ROBERT T. WINDHAM

2/20/97