FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **520674** **(3)**

1. Corporation Name
IRISH WINDJAMMER, INC.

Principal Place of Business
4390 MORRIS ST. N
P. O. BOX 10237
ST PETERSBURG FL 33733

Mailing Address
4390 MORRIS ST. N
P. O. BOX 10237
ST PETERSBURG FL 33733

3. Date Incorporated or Qualified **12/21/1976**
3a. Date of Last Report **03/28/1995**

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

4. FEI Number **59-1724213** 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARLINGTON, CHARLES F, JR
4390 MORRIS STREET NORTH
ST PETERSBURG FL 33706

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PC** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**ARLINGTON, CHARLES**	1.2 NAME	
STREET ADDRESS	**5950 BIKINI WAY N**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**ST PETERSBURG, FL 00000**	1.4 CITY-ST-ZIP	
TITLE	**ST** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**ARLINGTON, ELIZABETH F**	2.2 NAME	
STREET ADDRESS	**5950 BIKINI WAY N**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**ST PETERSBURG, FL 00000**	2.4 CITY-ST-ZIP	
TITLE	**V** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**ROBINSON, GLORIA**	3.2 NAME	
STREET ADDRESS	**1790 DEVONSHIRE DRIVE**	3.3 STREET ADDRESS	
CITY-ST-ZIP	**ST PETERSBURG, FL 00000**	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 Section 119.07(3)(k), 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.

SIGNATURE: Elizabeth F Arlington April 29 1996 (813) 526-3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)