

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

FILED

Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **537772** (6)

1. Corporation Name

**WESTWIND INTERNATIONAL, INC.**

**JOHN J. JERUE, INC.**

Principal Place of Business

195 RIFLE RANGE RD  
BARTOW FL 33830  
US

Mailing Address

195 N RIFLE RANGE RD  
BARTOW FL 33830  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1977

4. FEI Number

59-1751977

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

~~CAMPANO, LUIS E  
1000 WESTWIND WAY  
BARTOW FL 33830~~

10. Name and Address of New Registered Agent

81 Name **MANN, JOHN L.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**105 South Florida Avenue**

83

84 City **LAKELAND**

**FL**

85 Zip Code  
**33801**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
JERUE, JOHN J**  
STREET ADDRESS **1000 WESTWIND WAY**  
CITY-ST-ZIP **BARTOW FL**

TITLE ☐ DELETE

NAME **SVD  
JERUE, JEFFREY**  
STREET ADDRESS **1000 WESTWIND WAY**  
CITY-ST-ZIP **BARTOW FL**

TITLE ☐ DELETE

NAME **SVD  
CAMPANO, E. LUIS**  
STREET ADDRESS **1000 WESTWIND WAY**  
CITY-ST-ZIP **BARTOW FL**

TITLE ☐ DELETE

NAME **D  
JERUE, LAURIE**  
STREET ADDRESS **1000 WESTWIND WAY**  
CITY-ST-ZIP **BARTOW FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*[Signature]*

4-17-98 (9411537-123#)

CR2E034 (10/97)