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 # **F08288** **(5)**

1. Corporation Name
THE WINDLOCH CORPORATION

Principal Place of Business
11311 TAMIAMI TR.
PUNTA GORDA FL 33955

Mailing Address
11311 TAMIAMI TR.
PUNTA GORDA FL 33955

3. Date Incorporated or Qualified: **12/08/1980**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

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

4. FEI Number: **59-2057302** — 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
DURYEA, RUSSELL
1021 BAY HARBOR DR.
ENGLEWOOD FL 33952

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 signature is for a corporation) — Date — Registered Agent signature (signature required for resignation)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	DURYEA, E. RUSSELL	
STREET ADDRESS	1021 BAY HARBOR DR.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	☑ DELETE
NAME	~~DURYEA, SUSANNE~~	
STREET ADDRESS	~~4040 G N. BEACH RD.~~	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	
TITLE	~~S.V.P./SEC.R.~~	☑ DELETE
NAME	~~DURYEA, LINDA~~	
STREET ADDRESS	~~1021 BAY HARBOR DR.~~	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	O.K.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/SEC.R.	☑ Change ☐ Addition
2.2 NAME	LINDA A. DURYEA	
2.3 STREET ADDRESS	1021 BAY HARBOR DR.	
2.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34229	
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 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: E. Russell Duryea E. RUSSELL DURYEA PRES 4/18/96 (941) 637-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)