

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F08288**

(5)

1. Corporation Name

THE WINDLOCH CORPORATION



Principal Place of Business 11311 TAMAMI TR. PUNTA GORDA FL 33955	Mailing Address 11311 TAMAMI TR. PUNTA GORDA FL 33955-9206
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3. Date Incorporated or Qualified 12/08/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2057302	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
DURYEY, 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	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input checked="" type="checkbox"/> DELETE
NAME	DURYEY, E. RUSSELL
STREET ADDRESS	1021 BAY HARBOR DR.
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	VPS <input checked="" type="checkbox"/> DELETE
NAME	DURYEY, LINDA A
STREET ADDRESS	1021 BAY HARBOR DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Linda A. Duryea
1.3 STREET ADDRESS	1021 Bay Harbor Dr.
1.4 CITY-ST-ZIP	Englewood, Fl. 34224
2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	J. Thomas Rogers
2.3 STREET ADDRESS	5943 NW 57th. Ct. C-107
2.4 CITY-ST-ZIP	Tamarac, Fl. 33319
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	E. Russell Duryea
3.3 STREET ADDRESS	1021 Bay Harbor Dr.
3.4 CITY-ST-ZIP	Englewood, Fl. 34224
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E034 (9/96)