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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # F08

F08288

(5)

THE WINDLOCH CORPORATION

Principal Place of Business Mailing Address

## FILED Feb 09 1998 8:00am Secretary of State



11311 TAMIAMI TR. 11311 TAMIAMI TR. PUNTA GORDA FL 33955 PUNTA GORDA FL 33955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-2057302 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zφ Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DURYEA, RUSSELL 1021 BAY HARBOR DR. 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 33952 83 84 City 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, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE NAME DURYEA, E. RUSSELL 12 NAME 1021 BAY HARBOR DR. STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE **DURYEA, LINDA A** NAME 2.2 NAME 1021 BAY HARBOR DR STREET ADDRESS 2.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3 1 Title TITLE **ROGERS, J THOMAS** 3.2 NAME NAME 5943 NW 57TH CT C-107 3.3 STREET ADDRESS STREET ADDRESS TAMARAC FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELFTE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME MAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Addition Change TITLE DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 organ attachment with an address.

SIGNATURE:

Sind W

LINDA A. DURYED

0/3/98 941-637-1900