FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 PM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G15066** **(5)**

1. Corporate Name
WINDTREE GARDENS, INCORPORATED

Principal Place of Business
13312 W. COLONIAL
WINTER GARDEN FL 34787
US

Mailing Address
13312 W. COLONIAL
WINTER GARDEN FL 34787
US

Date of Filing This Report

3. Date Incorporated or Qualified: 12/27/1982
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # or Bldg — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-2238590
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

6. Does corporation owe money or have unpaid tax under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MASHBURN, ERIC
102 E MAPLE ST
WINTER GARDEN, FL
32787

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 Chapter 607.0505 of the 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 of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANOLE, WILLIAM
STREET ADDRESS	SW BAY COVE ST
CITY, ST, ZIP	ORLANDO, FL 00000
TITLE	D
NAME	FOLSOM, L M
STREET ADDRESS	SOUTH FLAT LAKE
CITY, ST, ZIP	WINTER GARDEN, FL 00000

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 607.0505(3), Florida Statutes. I further certify that the corporation has filed all required annual reports to date and is current and that no corporate assets have been dissolved or disposed of. I further certify that the officers or directors of the corporation or the person or persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12. or Block 13. with an asterisk (*) in front of it.

SIGNATURE: William C. Canole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Signed

0376050 CP