

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
www.flsos.state.fl.us

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **K39847**

(4)

95 MAY -1 AM 10:10

1. Corporation Name  
**GULFWIND HIGH PERFORMANCE, INC.**

2. Principal Office Address  
1601 KEN THOMPSON PARKWAY  
SARASOT FL 34236  
US

3. Mailing Address  
1601 KEN THOMPSON PARKWAY  
SARASOTA FL 34236  
US

21. Principal Office City and State  
**1553 N. LIME AVE**  
SARASOTA, FL

26. Mailing Address City and State  
**3005 N. TAMiami TR**  
SARASOTA, FL

22. Principal Office Zip Code  
**34237**

27. Mailing Address Zip Code  
**34234**

23. Principal Office County  
**SARASOTA**

28. Mailing Address County  
**SARASOTA**

24. Principal Office City and State  
**34237** **SARASOTA**

29. Mailing Address City and State  
**34234** **SARASOTA**

3. Date of Incorporation  
**10/19/1988**

3a. Date of Last Report  
**04/20/1994**

4. FEI Number  
**65-0080578**

5. Certificate of Status Required  
 **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contributions  **\$5.00 May Be Added to Fees**

7. This corporation has applied for and paid the fee under 22.164(1), Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent  
**ROBERTSON, WILLIAM E., JR.**  
**720 S. ORANGE AVENUE**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81. Name

82. Street Address of Current Registered Agent

83.

84. City

85. Zip Code

11. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption established in 22.164(1), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that the corporation is authorized to file this report and to pay the applicable fees. I am a duly appointed or registered agent of this corporation.

12. OFFICERS AND DIRECTORS

D  
NAME: **WHIPP, EUGENE M.**  
Address: **1601 CITY ISLAND RD**  
**SARASOTA FL**

D  
NAME: **ZEIGLER, H. J.**  
Address: **1601 CITY ISLAND RD**  
**SARASOTA FL**

13. ADDITIONAL OFFICERS AND DIRECTORS

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

14. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and does not qualify for the exemption established in 22.164(1), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that the corporation is authorized to file this report and to pay the applicable fees. I am a duly appointed or registered agent of this corporation.

SIGNATURE: *Eugene M. Whipp*  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

5/15/95