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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L44542

(3)

NIGHTWIND MAINTENANCE, INC.

of Business	Mailing Address

## **FILED** Jun 12 1997 8:00am Secretary of State



Principal Piar 7003 BARBY ( ORLANDO FL	LANE	SS	7003 BAR	Mailing Address 7003 BARBY LANE ORLANDO FL 32812-3718								
								3. Date Incorporated or Qualified 01/19/1990	3a. Date 07/30	of Last f /1996	Report	
	2. Principal Place of Business 2a. Mailing Address										Applied For	
Suite, Apt	26     Suite, Apt. #, etc.   Suite, Apt. #, etc.							¢0.75				
22								5. Certificate of Status Desired Fee Required				
City & Sta	City & State City & State					, , , , , , , , , , , , , , , , , , ,					<b>)</b> Мау Ве	
<b>23</b> Zip	7:- Constant			28				Trust Fund Contribution Added to Fees				
24	Country 25			Zip Country <b>30</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No				
<u> </u>	9. Name	e and Address of C						10. Name and Address of New Re				
MIL	LETT, FRA	NCIS N III			8	1 Na	ame					
700	)3 barby i	LANE			8	2 St	reet Addre	ess (P.O. Box Number is Not Acceptal	ole)			
ORLANDO FL 32812							Order Addicas (1.0. pox Normos is Not Addeptione)					
					6	3						
	ı				8	4 Ci	ty		FL	<b>85</b> Zip	Code	
SIGNATURE		ed or printed name of registo	rod agent and little if applica		: Rog stored A	_		oration submits this statement for the pon's board of directors. I hereby acce divided the state of the directors of the state of the s	DATE		<del>-</del>	
12.	1 197	OFFICER	S AND DIRECTORS	T heres	13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	MILLETT	THE R		☐ DELETE	1.1 1111		P	West Francis N.	7	<b>A</b> Change		
NAME STREET ADDRESS	TAKA DA	RBY LANE			1.2 NAM 1.3 STRE	-	2000	illett, Francis N. 003 Barby Ln. lando, FL. 32812				
CITY-ST-ZIP	ORLAND				1.4 C/TY		22	buls FL 33612				
TITLE	VP8			DELETE	2.1 TITL		VF	os	X	Change	☐ Addition	
NAME		, Francis N			2.2 NAM	E	Mi	HELL JIII K				
STREET ADDRESS		ARBY LANE			2.3 STRE	ET ADDE	RESS 70	1003 Burby Ln. Jundo, FL, 32812			İ	
CITY-ST-ZIP	ORLAND	XO FL	<u> </u>		2. 4 CIT		P Or	lando, FL , 32812		1	··	
TITLE				DELETE	3.1 TITLI		- 1	·	L	] Change	☐ Addition	
NAME					3.2 NAM							
STREET ADDRESS					3.3 STHE		i					
CITY-ST-ZIP TITLE	<del> </del>			DELETE	3.4. City 4.1 Title		-			Change	Addition	
NAME					4. 2 NAN		1		_			
STREET ADDRESS	1				4.3 STRE		RESS					
CITY-ST-ZIP	1				4.4 CITY	- ST - ZIP	·					
TITLE				DELETE	5.1 TITLE				L.	Change	Addition	
NAME					5.2 NAM	E						
STREET ADDRESS					5.3 STRE	ET ADDF	RESS					
CITY-ST-ZIP	<u> </u>				5 4 CITY					1 0		
TITLE	1			DELETE	61 1114		İ		L.	Change	L. Addition	
NAME					6.2 NAM			•				
STREET ADDRESS					6.3 STRE							
CITY-ST-ZIP	<u> </u>				6.4 CITY	- ST - ZIP	l					

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 empowers the 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 a confidence of the corporation of the execute this report as required by Chapter 607, Florida Statutes; and that my name