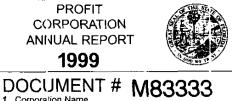
**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name WINDMILL, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90073 011 \*\*\*150.00

Principal Place of Business Mailing Address							I MIMIT SIBIL		#11 E:#11 1##1
% GEORGE M. BROWN 8623 REGENCY PARK BLVD. PORT RICHEY FL 34668 US		% GEORGE M. BROWN 8623 REGENCY PARK BL∀D. PORT RICHEY FL 34668 US		DO NOT WRITE IN TH	'S SPACE				
					3. Date Ir corporated or Qualifed 06/01/1988				
2. Principa Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26 Suite, Apt. #, etc.				59-2896840		Not Applicable	
Suite, Ant. #, etc.						E Cortifecte of Status Basined			5 Additional Required
City & S ate	е	City & State				6. Election Campaign Financing Trust Fund Contribution			lay Be Fees
Zip Country		Zip Country		กtгу		8. This corporation owes the current year			
24	25		30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent		
ano.	MAIL OFORCE MA			81	Name				
8623	WN, GEORGE M. REGENCY PARK BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
POR	T RICHEY FL 34668			83					
				-			I DE	Zin C	udo -
				84	City	F	L  85	Zip C	THOSE
office or re agent. Far SIGNATUR∄	egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida, Such change was tions of, Section 607,0505, F	authorized Icrida Stat	ibyt utes.	he corporation	poration submits this statement for the purpose ion's board of directors. I hereby accept the applications of the purpose of when reinstating)	ointment a	as reg	istered
12.		C DIRECTORS	13.	Agent	aignature require	ADDITIC NS/CHANGES TO OFFICERS	AND DIRE	CTO	S IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE			Cha		Addition
NAME	BROWN, GEORGE M.	n. — — — — — — — — — — — — — — — — — — —		1.2 NAME					
STREET ADDRESS	8623 REGENCY PARK BLVD.				ADDRESS				-
CITY-ST-ZIP	PORT RICHEY FL 34668			14 CITY-ST-ZIP					
TITLE	PST	☐ DELETE	2.1 TI				Cha	nge	Addition
NAME	BROWN, GEORGE M		2.2 N	AME					
STREET ADDRESS	8623 REGENCY PARK BLVD.				ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL 34668		2.4 C	ITY-ST	r-ZIP				
TITLE		☐ DELETE	3.1 Ti	_			Cha	inge	Addition
NAME			3.2 N	AME					
STREET ADDRES S			3.3 S	REET	ADDRESS				
CITY-ST-ZIP			3.4. 0	ITY-ST	-ZIP				
TITLE		☐ DELETE	4.1 T	TLE			Cha	inge	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4 3 S	REET	ADDRESS				
CITY-ST-ZIP			44C	TY-ST-	-ZIP				
TITLE		☐ DELETE	5 1 Ti				Cha	inge	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP				
TITLE		☐ DELETE	6 1 TI	TLE			Cha	nge	Addition
NAME			6.2 N	AME	ĺ				
STREET ADDRESS			6.3 \$	TREET.	ADDRESS				
CITY-ST-ZIP			6.4 C	TY-ST	-ZIP				

14. I 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 indicate i on this annual report of 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 receiving of 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 an an attachypant with an address, with all other like empowered.

SIGNATURE:

IGNING OFFICER OR DIRECTOR