FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT.
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000005487 (4)

1. Corporation Name
SECOND WIND, INC.

Principal Place of Business	Mailing Address
88 RIBERIA ST. #300 ST AUGUSTINE FL 32084 US	88 RIBERIA ST. #300 ST AUGUSTINE FL 32084 US

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: APPLIED FOR 59-1022330 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUTCHINSON, ANN
7145 A1A S #24
ST AUGUSTINE FL 32086

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	POLLACK, NED	12 NAME	
STREET ADDRESS	581 6TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	BARRINGER, ROBERT	22 NAME	
STREET ADDRESS	25 DOLPHIN DR	23 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☒ Change ☐ Addition
NAME	HEFFERSON, ROSEMARY	32 NAME	DELETE
STREET ADDRESS	206 CHARLOTTE ST.	33 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, ANN	42 NAME	
STREET ADDRESS	7145 A1A S #24	43 STREET ADDRESS	
CITY-ST-ZIP	FT AUGUSTINE FL 32086	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HARRIS, FRANCINA	52 NAME	
STREET ADDRESS	144 GILBERT ST	53 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	PRESIDENT/SECRETARY ☒ Change ☐ Addition
NAME	FREEMAN, TOM	62 NAME	TOM SANTONI
STREET ADDRESS	3740 ROSEWOOD ST	63 STREET ADDRESS	116 MOORE ST.
CITY-ST-ZIP	ST AUGUSTINE BEACH FL 32084	64 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 all required affirmations and obligations in this report are executed 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 on an attachment with an address.

REMITTED BY MAY 1

SIGNATURE: Ann Hutchinson ANN HUTCHINSON, TREAS. 4/25/95 904-829-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000202

NJ93-5487

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR

DEPARTMENT OF THE TREASURY

Date: MAR. 22, 1995

OMB Clearance Number: 1545-0056

Contact Name:
BOB MITCHELL
Contact Telephone Number:
(404) 331-4978
Contact Address:
C - 1130, STOP 520-D
ATLANTA, GA 30301
In Reply Refer to:
7404: MITCHELL
Notification Response Date:
APR. 21, 1995

SECOND WIND INC
88 RIBERIA ST #300
ST AUGUSTINE, FL 32084

Case Number: 585077036

Dear Applicant:

We are returning your application for recognition of exemption from Federal income tax under section 501(a) of the Internal Revenue Code because the application has not been fully completed.

We will be glad to consider your application if you will complete and return it with the items listed on the enclosed sheet by the notification response date shown above. If you return it within that time, we will consider it received on the original submission date for purposes of notification under section 505(c) or 508(a) of the Code. If we do not hear from you by the notification response date, we will not take any further action on your application. However, an extension of time to submit the requested information may be granted for good cause. If you need an extension, you must request it before the notification response date.

You may be required to file Federal income tax returns if you do not take any further action to complete your application.

When we receive the items requested, the preliminary screening of your application will be complete. Your application will then be assigned to an Exempt Organizations Specialist for technical consideration. The Specialist may need to request additional information to make a determination of exempt status.

If you have any questions, please contact the person whose name and telephone number are shown above.

Thank you for your cooperation.

Sincerely yours,

Nelson A. Brooke

Nelson A. Brooke
District Director

Enclosures:
Your application
Copy of this letter
List of missing items
Form 9710

LTR 1042(DO/CG)

N93-5487

SECOND WIND INC

List Of Missing Items

The user fee payment was not submitted with the request. The payment required for this type of request is $465. (See Form 8718, User Fee for Exempt Organization Determination Letter Request.) If this is a timely resubmission of a request for which the fee was previously paid, send evidence of the previous submission, such as a copy of Letter 1042(DO/CG) or a copy of the canceled check for the user fee paid with the previous submission.

Check # 235 mailed to I.R.S. with notice

N93-5487

Second Wind Inc.

88 Riberia St., Suite 300
St. Augustine, FL 32084 • 824-7242

June 27, 1995

Department of State
Annual Reports Section
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

ATTN: Barbara Sippio

RE: Letter No. 995A00023292

We are returning the Annual Report returned to us for lack of a Federal E.I. number.

Our Federal Employer Identification Number was finally issued and a copy of the Internal Revenue Service notification is enclosed.

Also enclosed is the $25.00 late fee.

Sincerely,

Ann Hutchinson

Ann Hutchinson
Treasurer

AH/jd

encl.