

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 28 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19671

(7)

1. Corporation Name

THE WINDMILL GROUP, INC.

Principal Place of Business

253 ROUTE 202
SOMERS NY 10589
US

Mailing Address

PO BOX 295
SOMERS NY 10589
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1988

3a. Date of Last Report
04/22/1994

4. FEI Number
13-2658204

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **Post Office Box 295**

Suite, Apt. #, etc.

2a. Mailing Address

26 **253 Route 202**

Suite, Apt. #, etc.

City & State

23 **SOMERS, New York**

Zip

24 **10589**

Country

25 **USA**

City & State

28 **SOMERS, New York**

Zip

29 **10589**

Country

30 **USA**

9. Name and Address of Current Registered Agent

CAHILL, JOSEPH
115 EAST GRANADA BLVD.
SUITE 7
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature of person named in 9. registered agent, and the corporation

Signature of person named in 10. registered agent, and the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PSDM
MACERANKA, JOHN
17 LYNWAY LANE
SOMERS NY

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TDV
CAPOZZI, GREGORY
103 APPLE TREE LANE
BREWSTER NY

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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******208.75 ****208.75**

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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 110.07(3)(k), 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 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.

SIGNATURE:

John Maceranka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MACERANKA

4/20/95 9:14 AM 277-2700
Date