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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P39073** **(2)**

1. Corporation Name
**SOUTHWIND CONSTRUCTION CORP. OF INDIANA**

| Principal Place of Business | Mailing Address |
|---|---|
| 14649 HIGHWAY 41 NORTH<br>EVANSVILLE IN 47711<br>US | 14649 HIGHWAY 41 NORTH<br>EVANSVILLE IN 47711-9357<br>US |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 05/28/1992 | 3a. Date of Last Report: 04/23/1996 |
| 4. FEI Number: 35-1474620 | ☐ 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 | 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**

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.,
PLANTATION FL 33324

**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: CT Corporation System — 2/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SEIBERT, DONALD | | 1.2 NAME | | |
| STREET ADDRESS | 14649 HIGHWAY 41, NORTH | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EVANSVILLE IN | | 1.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SEIBERT, LEANNE | | 2.2 NAME | | |
| STREET ADDRESS | 14649 HIGHWAY 41, NORTH | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EVANSVILLE IN | | 2.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SEIBERT, LEANNE | | 3.2 NAME | | |
| STREET ADDRESS | 14649 HIGHWAY 41 NORTH | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EVANSVILLE IN | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DANIEL KOESTER | | 4.2 NAME | | |
| STREET ADDRESS | 14649 HIGHWAY 41, NORTH | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EVANSVILLE IN | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEANNE SIEBERT | | 5.2 NAME | | |
| STREET ADDRESS | 14649 HIGHWAY 41 NORTH | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | EVANSVILLE IN | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

**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 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:** Donald J. Seibert — 2/28/97 — (812) 867-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #