

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

FILED

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
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DOCUMENT # **P39073** (2)
1. Corporation Name
SOUTHWIND CONSTRUCTION CORP. OF INDIANA

Principal Place of Business 14649 HIGHWAY 41 NORTH EVANSVILLE IN 47711 US	Mailing Address 14649 HIGHWAY 41 NORTH EVANSVILLE IN 47711-9357 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1992	3a. Date of Last Report 04/23/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 35-1474620	Applied For ☐ Not Applicable
23. Zip	25. Country	28. Zip	30. Country	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	

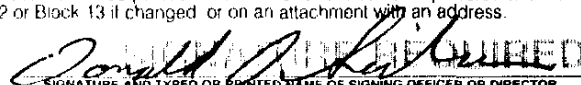
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD., PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code

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** DATE **2/28/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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			

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald J. Seibert

2/28/97 (812) 867-7220

Date Daytime Phone #

CR2E034 (9/96)