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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9200007429 (3)

WIN-DAR CONST. CO., INC.

## FILED May 12 1997 8:00am Secretary of State



D: 160		44.10 6.44					
Principal Place of Business Mailing Address					restitet un sein ber deit detti erm erm erm erm erm erm		
12631 OAKTI HUDSON FL		12631 OAKTREË DRIVE HUDSON FL 34667-5130					
					3. Date incorporated or Qualified 11/23/1992	3a. Date of Last Re 05/28/1996	oort
2. Principa	al Place of Business	2a. Mailing Address	,		4. FEI Number		lied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26	<del></del>		59-3155950		Applicable
22	yr #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75 Ac	
City & Si	State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 M	
Z <sub>i</sub> p	Country	Zip	Cou	ntry	8. This corporation has liability for it		
24	25	29	30		Florida Statutes	Yes No	
	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent			10. Name and Address of New Re	platered Agent	····································
R)	ICHARDS, WINSTON D			81 Name			
12	2631 OAKTREE DRIVE		ŀ	82 Street Addi	ress (P.O. Box Number is Not Acceptab	e)	
	UDSON FL 34667			or out ride	to the transfer of the receptor		
		•		83			
			}	84 City		FL 85 Zip C	ode
44 0		00 and 007 (500 Final de Otat	- doo doo ab		and a submite this statement for the		
office of agent		a of Florida, Such change was gations of, Section 607,0505, F	s authorized Florida Stati	I by the corporat utes.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as re	egistered
SIGNATUR	Signature Type I or printed name of registered as	gent and title if applicable (NC	OTE Registered	d Agent signature raqui	red when rainslating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
BITCE	PD	DELETE	1,1 TJT	LE		Change	Addition
NAME	RICHARDS, WINSTON D		1.2 NA	ME			
STREET ADDRES			1.3 ST	REET ADDRESS			
CITY - SI - ZIP	HUDSON FL		1.4 CI	TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	D	☐ DELETE	2.1 10	LE		Change	Addition
NAME	RICHARDS, DARLENE C		2.2 NA	ME			
STREET ADDRES			2.3 ST	reet address			
CITY-ST-ZIP	HUDSON FL 34667		2. 4 CI	TY-ST-ZIP			
TELL		DELETE	3.1 T/T	LE		☐ Change	Addition
NAME			3.2 NA	WE			
STREET ADDRES	SS		3.3 \$1	REET ADORESS			
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP			-
TITLE		☐ DELETE	4.1 7(1	ILE		Change	Addition
NAME			4. 2 N	AME			
STREET ADDRES	SS		43 ST	REET ADDRESS			
CITY-ST-ZIP			44 CI	TY-ST-ZIP			<del></del>
THILE		☐ DELETE	5 1 Til	re [		☐ Change	Addition
NAME			52 N/	∙ME			
STREET ADDRES	SS		53\$1	REET ADDRESS			
C(1Y - 51 - 2IP			5.4 CT	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TII	ILE		☐ Change	Addition
NAME			6.2 NA	ME			
STREET ADORES	ess		6.3 ST	reet address			
	1						
CHTY - ST - ZIP			6.4 Ct	TY-ST-ZiP			

4. I do hereby certify that the information sopplied with this filing closs 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 supplied on the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if myinged, or or an attachment with an address.

SIGNATURE:

197 813-865

813-865-5207