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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 12 1998 8:00am Secretary of State

	MENT # P9300 OR WINDS, INC.	0008034 (9))	
Principal Place	e of Business	Mailing Address	·	- FORMARDI (III, IBABA ISINI BONIN BONIN BONIN BONIN BANIN
9840 CROWN POINT ROAD, SUITE A 3840 CROWN POINT RO			ROAD. SUITE A	
JACKSONVIL	LE FL 32257	JACKSONVILLE FL 32:	257	DO NOT MOTE IN THE COACE
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
				01/29/1993
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3179076 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7ip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		1007	10. Name and Address of New Registered Agent
	IOWLES, MARK A		61 Na	ame
	40 CROWN PT RD		82 Str	treet Address (P.O. Box Number is Not Acceptable)
STE A				
JA	X FL 32257		63	
			84 Cit	ity 85 Zip Code
44 0		16074600 512 11 612		FL e LP Cour
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig standard by Signalure, based or printed name of registered up			amed corporation submits this statement for the purpose of changing its registered ecorporation's board of directors. I hereby accept the appointment as registered greature required when reinstaling) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP COLUMN 10	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, J D 3840 CROWN PT RD, STE A		1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL		1.3 STREET ADDRE	ì
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHY+ST-ZIP 2.1 TITLE	P Change Addition
NAME	STOKES, E. CHESTER JR	L.J Octob	2.2 NAME	
STREET ADDRESS	9551 BAYMEADOWS ROAD	SUITE 4	2.3 STREET ADDRE	AFSS
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	3.1 TITLE	Change Addition
NAME	KNOWLES, MARK A		3.2 NAME	
STREET ADDRESS	3840 CROWN PT RD, STE 1		3.3 STREET ADORE	RESS
CITY-\$1-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	
TITLE	VS	☐ DELETE	4,1 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, BEVERLY J 3840 CROWN PT RD, STE A		4. 2 NAME	
STREET ADDRESS	JACKSONMLLE FL	ı	4.3 STREET ADDRE]
CITY-ST-ZIP TITLE	WAONOONTIELE I'L	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		im percet	5.2 NAME	C Orango C Populott
STREET ADDRESS			5.3 STREET ADORE	RESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRE	ress
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

hereby certify that the information supplied with this filling 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 supplierrental arrinal 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 truther 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 alternative with an address.

MARK A KNOWLES TREASIBED

SIGNATURE:

JANUARY 20, 1998

MARK A. KNOWLES, TREASURER 904-268-8500