

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000036034 (5)**

1. Corporation Name  
**WRITTEN ON THE WIND, INC.**



Principal Place of Business: **1819 PLANTATION OAKS DRIVE JACKSONVILLE FL 32223**  
Mailing Address: **1819 PLANTATION OAKS DRIVE JACKSONVILLE FL 32223**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **05/17/1993** 3a. Date of Last Report: **08/04/1995**  
4. FEI Number: **59-3187405** 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **ALFORD, F S JEROME 1819 PLANTATION OAKS DRIVE JACKSONVILLE FL 32223**

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS:  DELETE  
 TITLE: **PTD**  
 NAME: **ALFORD, F S JEROME**  
 STREET ADDRESS: **1819 PLANTATION OAKS DRIVE**  
 CITY, ST, ZIP: **JACKSONVILLE FL**  
 TITLE: **VSD**  
 NAME: **WILLIAMS, ROBERT STEPHEN**  
 STREET ADDRESS: **1819 PLANTATION OAKS DRIVE**  
 CITY, ST, ZIP: **JACKSONVILLE FL 32223**  
 TITLE:  DELETE  
 NAME:  DELETE  
 STREET ADDRESS:  DELETE  
 CITY, ST, ZIP:  DELETE  
 TITLE:  DELETE  
 NAME:  DELETE  
 STREET ADDRESS:  DELETE  
 CITY, ST, ZIP:  DELETE  
 TITLE:  DELETE  
 NAME:  DELETE  
 STREET ADDRESS:  DELETE  
 CITY, ST, ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:  Change  Addition  
 11 TITLE:  Change  Addition  
 12 NAME:  Change  Addition  
 13 STREET ADDRESS:  Change  Addition  
 14 CITY, ST, ZIP:  Change  Addition  
 21 TITLE:  Change  Addition  
 22 NAME:  Change  Addition  
 23 STREET ADDRESS:  Change  Addition  
 24 CITY, ST, ZIP:  Change  Addition  
 31 TITLE:  Change  Addition  
 32 NAME:  Change  Addition  
 33 STREET ADDRESS:  Change  Addition  
 34 CITY, ST, ZIP:  Change  Addition  
 41 TITLE:  Change  Addition  
 42 NAME:  Change  Addition  
 43 STREET ADDRESS:  Change  Addition  
 44 CITY, ST, ZIP:  Change  Addition  
 51 TITLE:  Change  Addition  
 52 NAME:  Change  Addition  
 53 STREET ADDRESS:  Change  Addition  
 54 CITY, ST, ZIP:  Change  Addition  
 61 TITLE:  Change  Addition  
 62 NAME:  Change  Addition  
 63 STREET ADDRESS:  Change  Addition  
 64 CITY, ST, ZIP:  Change  Addition

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 119.07(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 I changed or on an attachment to an address.

SIGNATURE: *F S Jerome Alford* 4/26/96 904-260-9776  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **F S JEROME ALFORD**

CR2E034 (12/95)