Applicable

May 03, 1999 8:00 am Secretary of State

05-03-1999 90105 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000066935

1. Corporation Name

WESTWIND FARMS, INC.

}						
Principal Pla	ce of Business	Mailing Address				
13703 N. CO HWY 225A REDDICK FL 32686 US		13703 N CO HWY 225A REDDICK FL 32686 US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 09/24/1993	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied Fo	אכ
		26			59-3202935 Not Application	abi
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional Fee Required	aì
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes	
9. Name and Address of Current Registered Agent			 -	10. Name and Address of New Registered Agent		
DORNAU, SUZANNE 13703 N. CO. HWY 225A					Name Street Address (P.O. Box Number is Not Acceptable)	
RE	DDICK FL 32686		1	13		
			[8	34 Ci	City FL 85 Zip Code	
office or	nt to the provisions of Sections 607, r registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was at	ithorized i	ov the i	named corporation submits this statement for the purpose of changing its register e corporation's board of directors. I hereby accept the appointment as registered	ed I
SIGNATURE	E	Alore,	Be sistered A	annt ninn	gnature required when reinstating) DATE	-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				Aeur siñu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
TITLE	D	DELETE		 E	Change A	
NAME	DORNAU, SUZANNE		1.2 NAM			

13703 N CO HWY 225A 1.3 STREET ADDRESS STREET ADDRES REDDICK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 C/TY-ST-Z/P

4.4 CITY-ST-ZIP

51TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY+ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

☐ Change

Change

CR2E034 (11/98)

Addition

☐ Addition

☐ Addition