

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000014416 (9)

1. Corporation Name

WINDSOR ANTIQUES, INC.

Principal Place of Business

668 KINGSLEY AVE
ORANGE PARK FL 32073

Mailing Address

668 KINGSLEY AVE
ORANGE PARK FL 32073

FILED
95 JUL 14 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/22/1994

2. Principal Place of Business

2a. Mailing Address

21 1302 N PONCE DE LEON BLVD
Suite, Apt. #, etc.

27 1302 N PONCE DE LEON BLVD
Suite, Apt. #, etc.

4. FEI Number

59-3230054

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

City & State

23 ST AUGUSTINE FLA

City & State

28 ST AUGUSTINE FLA

Zip

24 32084

Country

25 USA

Zip

29 32084

Country

30 USA

9. Name and Address of Current Registered Agent

MULRAIN, JEFFRY A
200 W FORSYTH ST
SUITE 1004
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

HUNTER ROBERT D.

82 Street Address (P.O. Box Number is Not Acceptable)

7925 SAN JOSE BLVD

83

84 City

JACKSONVILLE

FL

85 Zip Code

32217

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

ROBERT DAVID HUNTER

6/14 95

Signature typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
HUNTER, ROBERT D
1032 SANDPIPER LN
ORANGE PARK FL 32073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

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 110.07(3)(f), 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:

ROBERT DAVID HUNTER

6/14

95

904 730 8083

SIGNATURE ANTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/95)