## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000014416 (9) DOCUMENT #

WINDSOR ANTIQUES, INC.

## FILED Sep 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1302 N PONCE DE LEON BLVD 1302 N PONCE DE LEON BLVD ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1994 05/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3230054 Not Applicable Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing ABOVE ABOVE 23 28 Trust Fund Contribution Added to Fees Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HUNTER, ROBERT D 7925 SAN JOSE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1004** JACKSONVILLE FL 32217 83 City 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE flegistered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PD DELETE **Y** Change Addition TITLE KOBERT HUNTER, ROBERT D NAME 1.2 NAME 7925 SAN JOSE BLUD **1032 SANDPIPER LN** STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL 32073** JACKSONVILLE FLA. 3 CITY-ST-ZIP 1.4 CITY-SY-ZIP DELETE Change Addition 2.1 70TE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP CITY-ST-ZIF DELETE noiticbA TITLE 3.1 TITLE Change Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 6.1 THILE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do 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 an an attachment with an address.

地里 **ELOURS** D

910 97

and sor you