

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90074 038 \*\*\*150.00

DOCUMENT # P94000082983

1. Corporation Name  
WINDSOR GLEN, INC.

Principal Place of Business  
4707 NW 53RD AVENUE  
SUITE #A  
GAINESVILLE FL 32606  
US

Mailing Address  
4707 NW 53RD AVENUE  
SUITE #A  
GAINESVILLE FL 32606  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/14/1994

4. FEI Number  
59-3280533

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

WALLACE, HOWARD K JR.  
8021 NE 221 STREET  
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS                | CITY-ST-ZIP          | DELETE                   |
|-------|-------------------|-------------------------------|----------------------|--------------------------|
| DP    | WALLACE, HOWARD K | 4707 NW 53RD AVENUE SUITE A   | GAINESVILLE FL 32606 | <input type="checkbox"/> |
| DVST  | WALLACE, ANNE M   | 4707 NW 53RD AVENUE SUITE A   | GAINESVILLE FL 32606 | <input type="checkbox"/> |
| DV    | SPAIN, THOMAS C   | 2321 N.W. 41ST ST., SUITE A-2 | GAINESVILLE FL 32606 | <input type="checkbox"/> |
| DV    | SPAIN, SUSAN B    | 2321 N.W. 41ST ST., SUITE A-2 | GAINESVILLE FL 32606 | <input type="checkbox"/> |
|       |                   |                               |                      | <input type="checkbox"/> |
|       |                   |                               |                      | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 352-377-2240  
Date Daytime Phone #

CR2E034 (11/98)