

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000005349 (2)**

1. Corporation Name

11505 WINDCREST LANE INC.

Principal Place of Business

**1801 HERMITAGE BLVD
SUITE 800
TALLAHASSEE FL 32308
US**

Mailing Address

**1801 HERITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1995

4. FEI Number

36-3989940

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

9. Name and Address of Current Registered Agent

**TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308**

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

30 Country

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BURDI, THOMAS M.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	NOELL, JOHN	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	

TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	SMITH, ROGER E.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	EDLEMAN, HOWARD	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James W. Horton	
1.3 STREET ADDRESS	1801 Hermitage Blvd.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey L. Smith	
2.3 STREET ADDRESS	1801 Hermitage Blvd.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	

3.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Luanne K. Good	
3.3 STREET ADDRESS	1801 Hermitage Blvd.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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

SIGNATURE: Douglas W. Bennett, Director

850-488-4406

CR2E034 (10/97)