

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000037659 (6)

1. Corporation Name

WINDMAR INDUSTRIES, INC.



Principal Place of Business

Mailing Address

73 SW FLAGLER AVENUE  
STUART FL 34994

73 SW FLAGLER AVENUE  
STUART FL 34994

3. Date Incorporated or Qualified

3a. Date of Last Report

05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 35 FISHING VILLAGE DR.

26 100 ANCHOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 #26

City & State

23 KEY LARGO FL

28 KEY LARGO FL

Zip

Country

Zip

Country

24 33037

25 USA

29 33037

30 USA

4. FEI Number

Applied For

65-0599999

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAXLER, CAROL S  
73 SW FLAGLER AVENUE  
STUART FL 34994

81 Name  
WINDSOR D. COFFIN

82 Street Address (P.O. Box Number is Not Acceptable)  
29 S. HARBOR DR.

83

84 City  
KEY LARGO FL 85 Zip Code  
33037

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

*Windsor D. Coffin*

(NOTE: Registered Agent signature is required when registering.)

7-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME WAXLER, CAROL S  
STREET ADDRESS 73 SW FLAGLER AVENUE  
CITY-ST-ZIP STUART FL 34994 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE *WINDSOR* ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS

14 CITY-ST-ZIP PSTD  
21 TITLE WINDSOR D. COFFIN ☐ Change ☒ Addition  
22 NAME  
23 STREET ADDRESS 29 S. HARBOR DR  
24 CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS

34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
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

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 member or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

*Windsor D. Coffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96

DATE

805-367-0008

Telephone #

CR2E034 (3/96)