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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000086735 (4) DOCUMENT # 1. Corporation Name

2ND WIND OF LAKE CITY, INC.

Principal Place of Business	Mailing Address	
RT. 17 BOX 227, U.S. HIGHWAY 90 WEST LAKE CITY FL 32055	RT. 17 BOX 227, U.S. HIGHWAY 90 WEST LAKE CITY FL 32055	
		3. Date Incorporat



Suite, Apt. #, etc.  Suite, Ap	3. Date Incorporated or Qualified 1/1/3/1995  at Place of Business 2a. Multing Address 25 4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status D
2. Principal Place of Business   2a	11/13/1995   2a. Mailing Address   2b. Mailing Address   2c. Mailing Address   2c. Molt Applied For Suite, Apt. #, etc.   Suite, A
22. Multing Address 23. Multing Address 24. Multing Address 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Country 20. Suite, Apt. #, etc. 20. Country 21. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Country 26. Suite, Apt. #, etc. 26. Election Campaign Financing Address of New Registered Agent 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Country 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. Name and Address of Current Registered Agent 29. Suite, Apt. #, etc. 20. Name and Address of Current Registered Agent 20. Name and Address of New Registered Agent 21. Name and Address of New Registered Agent 22. Suite Address (P.O. Box Number is Not Acceptain) 23. Suite Address (P.O. Box Number is Not A	2a. Multing Address 2b. Suite, Apt. #. etc. 2c. Suite, Apt. #. etc. 27
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   S8.75 Addignormal City & State   Cry & State   Cry & State   Cry & State   Cry & State   Section Company Financing   S5.00 Market   Added to Financing   Trust Fund Contribution   Added to Financing   S5.00 Market   Size of Contribution   S5.00 Market   Size of Contribution   Siz	Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     State   City & State     Country   Zip   Country     25   29   30     Name and Address of Current Registered Agent     RENTINO, JOE   17 BOX 227, U.S. HIGHWAY 90 WEST     City FL 32055   84 City     State   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   City & State     City & State     Cap   Country     Zip   Zip   Country     Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip   Zip   Zip     Zip	Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     State   City & State     Country   Zip   Country     25   29   30     Name and Address of Current Registered Agent     RENTINO, JOE   17 BOX 227, U.S. HIGHWAY 90 WEST     City FL 32055   84 City     State   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired   Status Desired   Status Desired     Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status Desired   Status
28	Trust Fund Contribution  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi
25   29   30	25 29 30 Fiorida Statutes Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  RENTINO, JOE  17 BOX 227, U.S. HIGHWAY 90 WEST  18 City - 18 Zip Code
FIORENTINO, JOE RT. 17 BOX 227, U.S. HIGHWAY 90 WEST LAKE CITY FL 32055  82 Street Address (P.O. Box Number is Not Acceptative)  83 Using Address (P.O. Box Number is Not Acceptative)  84 Oity  FL 85 Zip Code  85 Lip Code  86 Oity  FL 85 Zip Code  87 Oity  FL 85 Zip Code  88 Oity  FL 85 Zip Code  88 Oity  FL 85 Zip Code  89 Oity  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 And 607,1508, Florida Statutes, the above nethed out or above submits this statement for the purpose of changing its register of agent or with, in the State of F das Such change was authorized by the corporation's broad of directors. Thereby accept the appointment as registered agent and and so fit the obligation of section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  12. NAME  STREET ADDRESS  CITY-S1-ZIP  DELETE  DELETE  DELETE  1 TITLE  DELETE  1 TITLE  DELETE  2 1 TITLE  DELETE  2 2 TITLE  DELETE  3 1 TITLE  DELETE  3 3 TITLE  DELETE  3 4 VIITLE  DELETE  Change	RENTINO, JOE
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RT. 17 BOX 227, U.S. HIGHWAY 90 WEST LAKE CITY FL 32055  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named our oration submits this statement for the purpose of changing its register or registered agent, or both, in the State of Linda Statutes, the above named our oration submits this statement for the purpose of changing its register or registered agent, or both, in the State of Linda Statutes, the above named our oration submits this statement for the purpose of changing its register or registered agent of creators. I hereby accept the appointment as registered agent at the obligation of the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent at the comporation is broad of creators. I hereby accept the appointment as registered agent and accept and accept and accept and accept and accept and accept and ac	17 BOX 227, U.S. HIGHWAY 90 WEST (E CITY FL 32055)  84 City — AS Zip Code
T1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named our oration submits this statement for the purpose of changing its registered agent, or beth, in the State of Emila Such change was authorized by the corporation's braid of directors. Thereby accept the appointment as registered agent trainible with, and point the obligations of Section 607,0505, Florida Statutes.  SIGNATURE  Supply fined of provisions of Sections 607,0505, Florida Statutes.  SIGNATURE  Supply fined of provisions of Sections 607,0505, Florida Statutes.  SIGNATURE  Supply fined of provisions of Sections 607,0505, Florida Statutes.  DELETE 1: IDITE  DELETE 1: IDITE  DELETE 1: IDITE  AMME  12 NAME  13 STREET ADDRESS  CITY-S1-2IP  DELETE 2: IDITE  AMME  14 City S1-2IP  DATE:  Provisions this statement for the purpose of changing its registered agent according to braid of directors. Thereby accept the appointment as registered agent and send of directors. Thereby accept the appointment as registered agent and send of directors. Thereby accept the appointment as registered agent according to braid of directors. Thereby accept the appointment as registered agent according to braid of directors. Thereby accept the appointment as registered agent according to braid of directors. Thereby accept the appointment as registered agent according to braid of directors. Thereby accept the appointment as registered agent according to braid of directors. Thereby accept the appointment as registered agent according to braid of directors. Thereby accept the appointment according to braid of directors. Thereby accept the appointment according to braid of directors. Thereby accept the appointment according to braid of directors. Thereby accept the appointment accepts accepts accepts accepts accepts accepts	84 City 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 Fig 607.1508, Florida Statutes, the above named corp oration submits this statement for the purpose of changing its register or registered agent, or both, in the State of Enda Such change was anthomored by the corporation's board of directors. Thereby accept the appointment as registered agent at the obligators of Section 607.0505, Florida Statutes.  SIGNATURE  Supplied types of brother and the Corporation Board of Acceptance of Province and the Objection 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MANE.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MANE.  13. SIRRET ADDRESS 2002 N. MAIN ST. GAINESVILLE FL. 14 DIRECTORS IN 14 City-51-2/p  14. City-51-2/p  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  16. Change // ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  16. Change // ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  17. In the Corporation of Corporation Statutes.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 City-51-2/p  18. ADDITIONS/CHAN	
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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 Bl

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

ELIZABETH INDIANOS 4/23/96 352-372-6999

Destroye Place R