

5-5-97 B-1314 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000032403 (3)

1. Corporation Name  
THE WINDRIDGE GROUP, INC.

Principal Place of Business

707 N FRANKLIN STREET  
9TH FLOOR  
TAMPA FL 33602

Mailing Address

707 N FRANKLIN STREET  
9TH FLOOR  
TAMPA FL 33602-4432



3. Date Incorporated or Qualified

04/09/1986

3a. Date of Last Report

N/A

2. Principal Place of Business

21 2412 PASCO PLAZA

2a. Mailing Address

26 2136 LINDA LN.

Suite, Apt. #, etc.

22 104

Suite, Apt. #, etc.

27 -

City & State

23 LAND O' LAKES, FL.

City & State

28 LUTZ, FL.

Zip

24 34639

Country

25 PASCO

Zip

29 33549

Country

30 PASCO

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

GLUCKMAN, JEREMY E  
707 N FRANKLIN STREET  
9TH FLOOR  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name  
Gluckman, Jeremy E.

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

83 4th Floor

84 City  
Tampa

FL

85 Zip Code  
33602

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

Jeremy E. Gluckman

JEREMY E. GLUCKMAN

DATE

1/6/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
POWELL, HILARY H  
707 N FRANKLIN STREET 9TH FLOOR  
TAMPA FL 33602

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
POWELL, STANLEY B  
707 N FRANKLIN STREET 9TH FLOOR  
TAMPA FL 33602

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2136 LINDA LN.  
LUTZ, FL. 33549

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
2136 LINDA LN.  
LUTZ, FL. 33549

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(f), 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 Hilary H. Powell Hilary H. Powell 4/25/97 (813) 948-0913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)