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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032403 (3)

THE WINDRIDGE GROUP, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Disease	d Pusings	Madage Addrage			
2412 PASCO PLAZA #104 2136 LIN		Mailing Address 2136 LINDA LN LUTZ FL 33549 US		DO NOT WRITE IN 1	THIS SPACE
				3. Date Incorporated or Qualified	
9 Principal Pl	ace of Business A.	J 2a. Mailing Address		04/09/1996 4. FEI Number	Applied For
21 2412	AACO PLAZA 104		da LANE	65-0661166	Not Applicable
Sulte, Apt. i		Suite, Apt. #, etc.	·	_	\$8.75 Additional
22	# 104	27		5. Certificate of Status Desired	Fee Required
City & State	O'LAKES, FL	City & State - 28 L U 7 Z		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ー Zipカリリ	29 Country Cy	29/26219	Country 30 ()9A	8. This corporation owes or has paid the	e current year Intangible Yes No
24 276	25 USH 9. Name and Address of Curren	129 7 7 991	30 UGH	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	
QI I	JOKMAN, JEREMY E.		81 Name	1	
man at Emparity in Arr			ress (P.O. Box Numbar is Not Acceptable)		
4TH			OZ SIFEET AGG	ress (r.o. Box Number is Not Acceptable)	
	APA FL 33602		83	A	
			84 City		85 Zip Code
					F <u>L </u>
office or re agent. I an SIGNATURE	a gister ed agent, or both, in the State in fam iliar with, and accept the oblig-	of Florida, Such ch ange was a ations of, Section 607.0505 , Flo	authorized by the corpora orida Statules.	poration submits this statement for the purportion's board of directors. I hereby accept the	e appointment as registered
	Signature, typed or prietral name of registered age		E Registered Agont signature requ		AND DIDECTORS IN 10
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	POWELL, HILARY H		12 NAME		
STREET ADDRESS	2136 LINDA LN		13 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2 1 THTLE		☐ Change ☐ Addition
NAME	POWELL, STANLEY B		2 2 NAME		
STREET ADDRESS	2136 LINDA LN		2 3 STHEET ADDRESS	e .	
CITY-ST-ZIP	LUTZ FL		2 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		L Change L Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. C(TY-ST-Z)P 4.1 TITLE		Change Addition
NAME			4.2 NAME		V
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐] DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	adily that the interests a consider	ith this filing class not enable to	64 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I furth	per certify that the information
indicated of officer or of	on this annual report or supplements	d annual report is true and acc eiver or trustee emp owere d to	urate and that my signate	ure shall have the same legal effect as if majured by Chapter 607, Florida Statutes; and	de under oath; that I am an