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 # P96000083736 (4)

FILED May 04 1998 8:00am Secretary of State

| WINDWARD TRANSPORT, INCORPORATED | | | | | |
|--|--|--|--------------------------------|---|-------------------------------|
| | | | | | |
| Principal Plac | ce of Business | Mailing Address | | —— | |
| 2491 SOUTH LOCKWOOD RIDGE ROAD P.O BOX 18101 | | | | | |
| SARASOTA FL 34239 SARASOTA FL 34276 | | | | | |
| | | U\$ | | DO NOT WRITE IN TH | HIS SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 10/10/1996 4. FEI Number | Applied For |
| 21 314 | | 26 | | 65-0698830 | Applied For Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | • | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Sta | | Cily & State | | 6. Election Campaign Financing | \$5.00 May Be |
| | RASOTA FLORIDA | 28 🔁 | | Trust Fund Contribution | Added to Fees |
| L Zip Ou | Country | Zτρ | Country | 8. This corporation owes or has paid the | |
| 24 39 | A Name and Address of Surrent | | 0 | Personal Property Tax due June 30. | V Yes □ No |
| 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ANDERVO CHARLEY 81 Name 0 | | | | | |
| ANDREWS, CHARLET | | | | Michael K. BRUS | و |
| 2491 SOUTH LOCKWOOD RIDGE ROAD | | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | |
| SARASOTA FL 34239 | | | 83 | 3199 BAY 311461 | |
| : | | | | <u> </u> | |
| | | | 84 City (5 | PKASOTA | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered | | | | | |
| 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, in 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 into accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE / Select / Drivid | | | | | |
| | Signature, typed or printed name of registered agent | | legistered Agent signature re | | E 7.7.70 |
| 12. | OFFICERS AND | DIRECTORS DELETÉ | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| NAME | ANDREWS, CHARLEY | DECENE | 1.1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | 2491 SOUTH LOCKWOOD RID | DE DOAD | 1.2 NAME 1.3 STREET ADDRESS | | 2 |
| CITY-ST-ZIP | SARASOTA FL | AL HOND | 1.4 City-St-ZIP | | Į į |
| TITLE | \$D | DELETE | 2.1 HTLE | | Change Addition |
| NAME | ANDREWS, MADALYN S | | 2.2 NAME | | |
| STREET ADDRESS | 2491 SOUTH LOCKWOOD RIDG | SE ROAD | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 2.4 CITY-ST-ZIP | | _ |
| TITLE | DVP | DELETE | 3.1 TITLE | PresidenT - OP | Change Addition |
| NAME | BRUSOE, MICHAEL | | 3.2 NAME | MICHAEL BRUSOE | |
| STREET ADDRESS | 3015 BROWNING STREET | | 3.3 STREET ADDRESS | President - OP MICHAEL BRUSOE 3149 BAY STREET SACASOTA FC 3423 | |
| CITY-ST-ZIP | SARAȘOTA FL | ······································ | 3 4. CITY-ST-ZIP | SACASOTA FC 3433- |) |
| TITLE | DT | DELETE | 4.1 TIPLE | | Change LADONION |
| NAME | BRUSOE, CHARLENE | | 4. 2 NAME | CHARLENE BRUS OF | <u>-</u> |
| STREET ADDRESS | 3015 BROWNING STREET | | 4.3 STREET ADDRESS | CHARLENE BRUS OF 3149 BAY ST SAKASOTA FL SYDS | _ |
| CITY-ST-ZIP TITLE | SARASOTA FL | DELETE | 4.4 CITY - ST - ZIP | SAKASOTA' FL 3423 | Change Addition |
| NAME | | C) pertie | 5.1 TITLE 5.2 NAME | | CHANGE DIMOGRAM |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELET É | 6.1 TITLE | | Change Addition |
| NAME | | _ | 6.2 NAME | | • |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY+ST-ZIP | | | 6.4 CITY - ST - ZIP | | |
| | partify that the information cumplied with | this filing dose not qualify for t | | in Section 119.07(3)(i), Florida Statutes. I further | contifu that the information |

14. Thereby 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 of the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporatio

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4/20/00 / 9UN 07/5/22