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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000013453 (0)

1. Corporation Name

TRADEWINDS OVERSEAS, INC.



Principal Place of Business

Mailing Address

115 SPYGLASS ALLEY
CAPE HAZE FL 33946

115 SPYGLASS ALLEY
CAPE HAZE FL 33946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1997

4. FEI Number

Applied For
☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 8254, MIDNIGHT PASS ROAD.

Suite, Apt. #, etc.

22 SIESTA KEY

City & State

23 SARASOTA FL

Zip

24 34242

Country

25 USA

2a. Mailing Address

26 8254, MIDNIGHT PASS RD.

Suite, Apt. #, etc.

27 SIESTA KEY

City & State

28 SARASOTA FL

Zip

29 34242

Country

30 USA

9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER
3400 S. TAMiami TRAIL
SUITE 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

MEYLAN STEPHEN

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

8254, MIDNIGHT PASS ROAD.

83

SIESTA KEY

84

CITY SARASOTA

FL

85 Zip Code

34242

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

SG Meylan
Signature (typed or photocopied name of registered agent and block applicable)

SG MEYLAN

(NOTE: Registered Agent signature required when reinstating)

09.1998

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MEYLAN, STEPHEN
STREET ADDRESS 115 SPYGLASS ALLEY
CITY-ST-ZIP CAPE HAZE FL 33946

TITLE ☐ DELETE

NAME D MEYLAN, LINDA
STREET ADDRESS 115 SPYGLASS ALLEY
CITY-ST-ZIP CAPE HAZE FL 33946

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

9000002432589

-02/17/98--01035--028

***150.00

14. I hereby 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 with an address.

SIGNATURE

SG Meylan

CR2E034 (10/97)