

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JUN -9 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039584

1. Corporation Name

Windwalker, Inc.

Principal Place of Business

130 Brookshire Lane
Beckley, WV 25801

Mailing Address

130 Brookshire Lane
Beckley, WV 25801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1997

2. Principal Place of Business

21 7257 NW 4th Boulevard

Suite, Apt. #, etc.

22 PMB 167

City & State

23 Gainesville, FL

Zip Country

24 32607 25

2a. Mailing Address

26 P.O. Drawer AY

Suite, Apt. #, etc.

27

City & State

28 Beckley, WV

Zip

29 25801 30

Country

4. FEI Number

31-1526276

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 the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Gerald A. Dechow
3400 S. Tamiami Trail, Suite 301
Sarasota, FL 34239

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME Glenn, Sherry J.

STREET ADDRESS P.O. Box 13606

CITY-ST-ZIP Roanoke, VA 24035-3606

TITLE P ☐ DELETE

NAME Phillips, Joseph C.

STREET ADDRESS 502 NW 75th Street, Suite 77

CITY-ST-ZIP Gainesville, FL 32607

TITLE V ☐ DELETE

NAME Holcomb, Donald R.

STREET ADDRESS P.O. Box 455

CITY-ST-ZIP Beckley, WV 25801

TITLE S/T ☒ DELETE

NAME Gwinn, Theresia A.

STREET ADDRESS 125 Craddock Lane

CITY-ST-ZIP Mt. Hope, WV 25880

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 000002905850--0

1.3 STREET ADDRESS -06/15/99--01108--017

1.4 CITY-ST-ZIP ***\$550.00 ***\$550.00

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME Phillips, Joseph C.

2.3 STREET ADDRESS 7257 NW 4th Boulevard, PMB 167

2.4 CITY-ST-ZIP Gainesville, FL 32607

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 S/T Hill, David M.

4.3 STREET ADDRESS 625 N. Eisenhower Drive

4.4 CITY-ST-ZIP Beckley, WV 25801

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/09/99

(304) 255-9030

Date Daytime Phone #

CR2E034 (11/98)