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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000045010**1. Corporation Name

WIND DANCER SAILMAKERS, INC.

							BBISI DBSII BH	ON BILLION OF SOLID	
Principal Place	e of Business	Mailing Address							
4751 SAN JUAN	N AVENUE	4751 SAN JUAN AVENUE							
SUITE 10			SUITE 11			DO NOT WRITE IN THIS SPACE			
JACKSONVILLE	JACKSONVILLE FL 32210	ONVILLE FL 32210		3. Date Incorporated or Qualifed					
US						05/19/1997		·	
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		<u> </u>	plied For
21		26				59-3453553			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23	_	28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the currer	nt year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	□No
24	9. Name and Address of Curr		1991			10. Name and Address of New Re	gistered Á	gent	
	<u> </u>			31 N	lame				
CLA	NCE, WAYNE D			_					
	SAN JUAN AVENUE			32 5	treet Addre	ess (P.O. Box Number is Not Acceptab	ie)		
1	E 12		1	33					
	(SONVILLE FL 32210			"		<u>.</u>			
JACKSUNVILLE FL 32210					ity		FL	85 Zip C	
							,	hanging its	registered
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statul	es, the abo	ove-na	med corpo	pration submits this statement for the pr	urpose of c	transfirm no	rietarad
affina ar r	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obli	te of Florida, SUCH CHARGE WAS A	ilitnorizeo i	ov ure	smed corpo corporation	oration submits this statement for the pun's board of directors. I hereby accept	urpose of c the appoint	tment as rec	gistered
affina ar r	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was a gations of, Section 607.0505, Flo	iutnorizeo i orida Statut	es.	corporation	n's board of directors. Thereby accept	ис арроли	tment as rec	gistered
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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 and dress, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

☐ DELETE

904 384 3102

Change

Addition