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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000061056 (2)

1. Corporation Name

LATHE TRADEWINDS, INC.



Principal Place of Business

4091 BEE RIDGE ROAD  
SARASOTA FL 34233

Mailing Address

4091 BEE RIDGE ROAD  
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1997

2. Principal Place of Business

21 7205 ESTERO BLVD.

Suite, Apt. #, etc.

22

City & State

23 FT. MYERS BEACH, FL.

24 Zip 33931

25 Country USA

2a. Mailing Address

26 7205 ESTERO BLVD.

Suite, Apt. #, etc.

27

City & State

28 FT. MYERS BEACH, FL.

29 Zip 33931

30 Country USA

4. FEI Number

65-0776933

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

9. Name and Address of Current Registered Agent

HOLBURN, ROBERT  
4091 BEE RIDGE ROAD  
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name

HOLBURN, ROBERT

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

894 BUTTONWOOD DRIVE, UNIT 218

83

84 City

FT. MYERS BEACH,

FL

85 Zip Code 33931

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

Robert Holburn, ROBERT HOLBURN, PRESIDENT

4/23/98

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOLBURN, ROBERT  
STREET ADDRESS 4091 BEE RIDGE ROAD  
CITY-ST-ZIP SARASOTA FL 34233 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME HOLBURN, ROBERT  
1.3 STREET ADDRESS 894 BUTTONWOOD DRIVE, UNIT 218  
1.4 CITY-ST-ZIP FT. MYERS BEACH, FL. 33931

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert Holburn, ROBERT HOLBURN

4/23/98

941-463-4715

CR2E034 (10/97)