

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90032 021 ***150.00

DOCUMENT # *P98000000891*
1. Corporation Name

WINDSOR ENGINEERING INCORPORATED

Principal Place of Business

Mailing Address

*2790 SUNSET POINT ROAD
CLEARWATER, FL 33759*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2 JANUARY 1998

2. Principal Place of Business

21 *19824 WYNDHAM LAKES DR.*

2a. Mailing Address

26 *19824 WYNDHAM LAKES DR.*

4. FEI Number

59-3485698

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 *ODESSA, FLORIDA*

City & State

28 *ODESSA, FLORIDA*

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 *33556*

Country

25 *USA*

Zip

29 *33556*

Country

30 *USA*

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*A. DEAN HOOLIHAN
2790 SUNSET POINT ROAD
CLEARWATER, FL 33759*

81 Name

EDWARD J. CONRAD

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

19824 WYNDHAM LAKES DRIVE

83

84 City

ODESSA

FL

85 Zip Code
33556

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

Edward J. Conrad **EDWARD J. CONRAD, PRESIDENT**

4-13-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *EDWARD J. CONRAD*
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE *PRESIDENT/SECRETARY/TREAS.* ☐ DELETE
NAME *EDWARD J. CONRAD*
STREET ADDRESS *2790 SUNSET POINT ROAD*
CITY-ST-ZIP *CLEARWATER, FL 33759*

2.1 TITLE *PRES. / S / T* ☒ Change ☐ Addition
2.2 NAME *EDWARD J. CONRAD*
2.3 STREET ADDRESS *19824 WYNDHAM LAKES DRIVE*
2.4 CITY-ST-ZIP *ODESSA, FL 33556*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Edward J. Conrad **EDWARD J. CONRAD**

4-13-99

813-926-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)