

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  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90077 014 \*\*\*150.00

DOCUMENT # P98000004761

1. Corporation Name  
ZEPHYR INDUSTRIES, INC.

Principal Place of Business  
8120 PERRY MAXWELL CIRCLE  
SARASOTA FL 34240

Mailing Address  
8120 PERRY MAXWELL CIRCLE  
SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/15/1998

4. FEI Number  
52-2074471

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

2. Principal Place of Business

21 108 Sand Dollar Lane

Suite, Apt. #, etc.

22 City & State

23 SARASOTA, FL

24 Zip 34242 25 Country

2a. Mailing Address

26 108 Sand Dollar Lane

Suite, Apt. #, etc.

27 City & State

28 SARASOTA, FL

29 Zip 34242 30 Country

9. Name and Address of Current Registered Agent

ELLIS, CATHY J  
8120 PERRY MAXWELL CIRCLE  
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name ELLIS, CATHY J  
82 Street Address (P.O. Box Number is Not Acceptable)  
108 SAND DOLLAR LANE  
83  
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

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  
NAME ELLIS, MATTHEW P  
STREET ADDRESS 8120 PERRY MAXWELL CIRCLE  
CITY-ST-ZIP SARASOTA FL 34240

TITLE D  
NAME ELLIS, CATHY J  
STREET ADDRESS 8120 PERRY MAXWELL CIRCLE  
CITY-ST-ZIP SARASOTA FL 34240

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME ELLIS, MATTHEW P  
1.3 STREET ADDRESS 108 SAND DOLLAR LANE  
1.4 CITY-ST-ZIP SARASOTA, FL 34242

2.1 TITLE D  
2.2 NAME ELLIS, CATHY J  
2.3 STREET ADDRESS 108 SAND DOLLAR LANE  
2.4 CITY-ST-ZIP SARASOTA, FL 34242

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

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

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

6.1 TITLE  
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

Date

Daytime Phone #

CR2E034 (11/98)