

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90009 047 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000022427

1. Corporation Name  
**WARM WIND TRANSPORTATION FIRM, INC.**



Principal Place of Business: 1731 EAST MORENO STREET, PENSACOLA FL 32503  
 Mailing Address: 1731 EAST MORENO STREET, PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/10/1998**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	3101 S.W. 34TH AV	26	3101 S.W. 34TH AV	59-3496752		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	#905-402	27	#905-402	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23	OCALA, FLORIDA	28	OCALA, FLORIDA	8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	34474	25	MARION	29	34474	30	MARION
Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD T
NAME	WIND, WILLIAM	1.2 NAME	WIND, WILLIAM
STREET ADDRESS	1731 EAST MORENO STREET	1.3 STREET ADDRESS	3101 S.W. 34TH AV #905-402
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	OCALA, FLORIDA 34474
TITLE	VD	2.1 TITLE	VD S
NAME	WIND, REBECCA L	2.2 NAME	WIND, REBECCA L
STREET ADDRESS	1731 EAST MORENO STREET	2.3 STREET ADDRESS	3101 S.W. 34TH AV #905-402
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	OCALA, FLORIDA 34474
TITLE	ST	3.1 TITLE	
NAME	FRANK, NANCY	3.2 NAME	
STREET ADDRESS	1731 EAST MORENO STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *William Wind* **SIGNATURE REQUIRED** *WILLIAM WIND* PRESIDENT/TREASURER 9/14/99 352-207-7583

CR2E034 (5/99)