PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000041394

1. Corporation Name

WINDHAM ENTERPRISES OF GULF BREEZE, INC.

Feb 24, 1999 8:00 am **Secretary of State**

02-24-1999 90040 014 ***150.00



Principal Place of Business Mailing Address 4359 GULF BREEZE PARKWAY 4359 GULF BREEZE PARKWAY GULF BREEZE FL 32561 GULF BREEZE FL 32561 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/05/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ---Added to:Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FLEMING, EDWARD P Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BOULEVARD SUITE 12 & 13 83 PENSACOLA FL 32503 84 85 Zip Code City 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 wi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DRESIDENT Change ☐ Addition DELETE 11 TITE TITLE DANIEL O. WINDHAM 1.2 NAME NAME 969 VESTAVIA WAY 1.3 STREET ADDRESS STREET ADDRESS GULF BRFFRF, FL 32561 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TREASURER TITLE CLAIRE N. WINDHAM 2.2 NAME NAME 969 UESTAVIA WAY STREET ADDRESS 2.3 STREET ADDRESS GULF BREEZE. 32561 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C/TY-ST-ZIP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 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 suppliemental 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 with an address, with all other like empowered.

CITY-ST-ZIP

CR2E034 (11/98)