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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:48

DOCUMENT # S80601

(5)

1. Corporation Name

SUMMERWIND LIMITED, INC.

Principal Place of Business

404 N. MIRAMAR AVENUE
INDIALANTIC FL 32903

Mailing Address

404 N. MIRAMAR AVENUE
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/16/1991

3a. Date of Last Report

02/15/1994

4. FEI Number

59-2088885

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

DAVIDS, TIMOTHY J.
404 N. MIRAMAR AVENUE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Timothy J. Davids President Summerwind LTD Inc

1/16/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
DAVIDS, TIMOTHY J.
404 N. MIRAMAR AVENUE
INDIALANTIC FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
DERRICK, D. MICHAEL
473 PENGUIN AVE.
SATELLITE BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
CASTO, TERENCE L.
461 MOSSWOOD BLVD.
INDIALANTIC FL

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or Block 14, as applicable, or in an attachment with an address.

SIGNATURE:

Timothy J. Davids President Summerwind LTD Inc

1/16/95

723-5611

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. J. DAVIDS