

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 05, 1999 8:00am  
Secretary of State**

02-05-1999 90010 012 \*\*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # S94107**

1. Corporation Name:  
**WINDINGS INC**



Principal Place of Business  
**1574 34TH STREET. N.W.  
WINTER HAVEN FL 33881**

Mailing Address  
**1574 34TH STREET. N.W.  
WINTER HAVEN FL 33881**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1991**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**59-3099342**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip Country

Zip Country

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

**GANGRAW, ROBERT G  
5233 HIGHWAY 98 NORTH  
APT 126  
LAKELAND FL 33809**

81 Name

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

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

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	P	<input type="checkbox"/> DELETE
NAME	<b>GANGRAW, ROBERT G</b>	
STREET ADDRESS	<b>5715 CRAPTON DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>RODEN, BONNIE</b>	
STREET ADDRESS	<b>250 CHAMBERLAIN DRIVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>GANGLAW, JANET</b>	
STREET ADDRESS	<b>5715 CRAPTON DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>RODEN, MICHAEL</b>	
STREET ADDRESS	<b>13127 S.W. 32ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert G. Gangraw* **Robert G Gangraw** 1-19-99 941-967-5252  
Date Daytime Phone #

CR2E034 (11/98)