FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1006

	1000	ide.		, , , .					
 Corporation 		V - /							
WIND	Ward Structures, inc).							
Principal Place	of Business	Mailing Address					#41 ##11 # 1#30 #4		ill Alfil Bidil HARI
8750-11 GLADIOLUS DR. SUITE 175 SUITE 175 SUITE 175 SUITE 175 STANFOR FL 20000									
FT. MYERS FL 33908 FT. MYERS FL 33908 US US						3. Date incorporated or Qualified	3a. Date	of Last F	eport
						3. Date incorporated or Qualified 12/13/1991		7/13/1	995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 65-0362018		h	Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.							Not Applicable Additional
22	· 	27				5. Certificate of Status Desired	נכז		Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	[]		O May Be d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible ta		
24	25	29	30	,			[] No		
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New F	legistered A	gent	
FORSE	BERG, GORDON L.			82					
8750-11 GLADIOLUS DR. SUITE 175 FT MYERS FL 33908					Street Acid	ress (P.O. Box Number is Not Acceptat	ole)		
									
					City			85 Zı	p Code
	11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above						FL		
signature:	th, and accept the obligations of, Sec Signature, typed or profed name of registered ago	ction 607.0505, Florida Statutes	S. 			ard of directors. I hereby accept the app	Ointment as i	egistered	agent. I am
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	FORSBERG, GORDON L.	DELETE.	1.17] Change	Addition
NAME STREET ADDRESS	8750-11 GLADIOLUS DR.,	STE. 175	1.2 N						
CITY-ST-ZIP	FT MYERS FL				ADDRESS T-ZIP				
TITLE		☐ DE_ETE	211		1-50			Change	Addition
NAME			22 N	AME				•	_
STREET ADDRESS			235	RELT	ADDRESS				
CITY-ST-ZIP			240	TY-S	T-ZIP				
TITLE		DELETE	3 1 7		İ) Change	Addition
NAME CIRCLIADDRESS			3.2 N/						
STREET ADDRESS CITY-ST-ZIP					ADDRESS				
Talle		DELETE	3 4 Cl		1 - ZIP		Г	Change	Addition
NAME:			4.2 N					Sharige	L) required
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			4.4 CI						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5. 1 Ti					Change	☐ Addition
NAME			52 N/	ME			_	-	—
STREET ADDRESS			5351	REET	ADDRESS				
CITY - ST - ZIP			5.4 CI	TY-SI	T-ZIP				
TITLE		DELETE	6 1 1	TLE				Change	Addition Addition
NAME			6.2 N/	ME	Į				
STREET ADDRESS			6 3 ST	REET .	ADDRESS				

14. I do 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 dithe 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 chapted, or on against an address.

64 CITY-ST-ZIP

6.3 STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SKINATURE AND TYPE OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/16/9C Destine Phone •