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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V74178**

Corporation Name

WINDSOR FOREST, INC.

Principal Place	e of Business	Mailing Address			( ) SELL BILLED LIBER GUADA LIBER GER JEN GIAN A	1011 01011 01011 01	
1234 AIRPORT ROAD		1234 AIRPORT ROAD	1234 AIRPORT ROAD				
SUITE 121 SUITE 121							
DESTIN FL 32541 DEST		DESTIN FL 32541	DESTIN FL 32541		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					10/26/1992		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Ар	plied For	
21		26		59-3145648	No	t Applicable	
<u></u>		Suite, Apt. #, etc.		To the control of	**************************************	Additional	
	, dtd.	27			5. Certificate of Status Desired	Fee Re	quired
		City & State		6. Election Campaign Financing	\$5.00	May Re	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City-& State 23 Zip Country 24 25 9. Name and Address of Current Re RUSHING, JOHN R 1234 AIRPORT RD. SUITE 121 DESTIN FL 32541  11. Pursuant to the provisions of Sections 607.0502 ar office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation: SIGNATURE  12. OFFICERS AND D  TITLE NAME STREET ADDRESS CITY- ST- ZIP DESTIN FL 32541  TITLE V NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541  TITLE V STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541  TITLE V DESTIN FL 32541  TITLE V DESTIN FL 32541		28			Trust Fund Contribution	Added t	
		Zip	Country	<del></del>	8. This corporation owes the current year In	tangible	
<del></del> ·	<del></del>	29 30	- ·		Personal Property Tax.	☐ Yes	No
24			J		10. Name and Address of New Registered	Agent	<b>—</b>
	5. Name and Address of Current	Registered Agent	81	Name			
RUSI	HING JOHN R						
			82	Street Add	ress (P.O. Box Number is Not Acceptable)		}
			83				
DESTIN FL 32341			84	City		85 Zip (	Code
				1	FL	_     '	
SIGNATURE			gistered Age	nt signature requin	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PRS IN 12
		DELETE	1.1 TITLE			Change	Addition
	I *	C Deterie				_ ,	[
NAME			1.2 NAME 1.3 STREET ADDRESS		•		
STREET ADDRESS	·						
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE			2.1 TITLE			[_] Grange	☐ Addition [
NAME	Blue, f. l		2.2 NAME				ļ
STREET ADDRESS	1234 AIRPORT RD., SUITE 121		2.3 STREE	TADORES\$			ľ
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY-	ST-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	CADENHEAD, CHRIS	_	3.2 NAME		-		1
STREET ADDRESS	1234 AIRPORT RD., SUITE 121	-	3.3 STREE	TADORESS	• • •	•	` ]
CITY-ST-ZIP	DESTIN FL 32541	·	3.4. CITY-5	ST-ZIP			
TITLE	T	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	JONES, C. W		4. 2 NAME	į			
	ACCA AIDDON'T DD CHITE ACA			TADDRESS			
STREET ADDRESS	DESTIN FL 32541	,	4.4 CITY-S	1			
CITY-ST-ZIP	DECTRATE CENT	☐ DELETE	5.1 TITLE	91- ZIF		Change	Addition
ΠΙLE	į	المال المال	5.7 HILE 5.2 NAME				
NAME				T ADDRESS			İ
STREET ADDRESS	1						I
CITY-ST-ZIP		· □ se ere	5.4 CITY-S 6.1 TITLE	at-ZIP		☐ Change	Addition
TITLE		☐ DELETE					
NAME	1		6.2 NAME	l l			

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 Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 850-837-7903

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90218 043 \*\*\*150.00

Daytime Phone #