

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

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 -6 PM 3: 55

DOCUMENT # P93000019998 (2)

1. Corporation Name

WINDEKIND OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
902 SHAGOS DR.
APOLLO BEACH FL 33752
US

Mailing Address
902 SHAGOS DRIVE
APOLLO BEACH FL 33572
US

3. Date Incorporated or Qualified
03/10/1993

3e. Date of Last Report
04/22/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-3175995

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

9. Name and Address of Current Registered Agent

PLYLE, TERRENC E
5938 FROND WAY
APOLLO BEACH FL 33572-3126

10. Name and Address of New Registered Agent

81 Name

SAME.

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

707 DEL WEBB Blvd.

83

84 City

SUN CITY CTR

85 FL

85 Zip Code

33573

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BINARD, JOSEPH E
STREET ADDRESS 902 SHAGOS DR.
CITY-ST-ZIP APOLLO BEACH FL

TITLE VP
NAME BINARD, MAIRE Y
STREET ADDRESS 902 SHAGOS DR
CITY-ST-ZIP APOLLO BEACH FL

TITLE S
NAME BINARD, SALLY Y
STREET ADDRESS 902 SHAGOS DR
CITY-ST-ZIP APOLLO BEACH FL

TITLE T
NAME WAVELL, GRETCHEN B
STREET ADDRESS 902 SHAGOS DR
CITY-ST-ZIP APOLLO BEACH FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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; that I am duly authorized or lawfully empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Binard

24 Jan 95 813-9727517