

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 106338

(7)

1. Corporation Name

O'NEIL, LEE & WEST, INC.



Principal Place of Business

797 N ORANGE AVE
ORLANDO FL 32801

Mailing Address

797 N ORANGE AVE
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WEST STEVE A
8972 ROYAL BIRKDALE LN
ORLANDO FL 32819

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/12/1925

3a. Date of Last Report

03/21/1995

4. FID Number

59-0383978

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

10. Name and Address of New Registered Agent

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 of the person authorized to sign this statement

Date of Signature

DAY

12. OFFICERS AND DIRECTORS

TITLE	V	☒ DELETE
NAME	VENN, THOMAS H.	
STREET ADDRESS	797 N. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	☐ DELETE
NAME	WEST, STEVE A.	
STREET ADDRESS	797 N. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	AST. SECT.	☐ Change ☒ Addition
2. NAME	SHEILA R LYMAN	
3. STREET ADDRESS	797 N. ORANGE AVE	
4. CITY-ST-ZIP	ORLANDO FL	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied in this statement was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated is true and correct to the best of my knowledge and belief 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, and that I am duly empowered to execute the records required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this statement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 (407) 425-3411

CR2E034 (12/95)