

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

**APPROVED
AND
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 418334 (9)
1. Corporation Name
WEST TRACO INC

Principal Place of Business Mailing Address
**207 TANNER CARTER DRIVE
PO BOX 310
WAUSAU FL 32463** **207 TANNER CARTER DRIVE
PO BOX 310
WAUSAU FL 32463**

2. Principal Place of Business 2a. Mailing Address
21 **2868 Tanner Rd.** 25 **2868 Tanner Rd.**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **P.O. Box 310** 27 **P.O. Box 310**
City & State City & State
23 **Wausau FL** 28 **Wausau FL**
Zip Zip Country Country
24 **32463** 25 **Washington** 29 **32463** 30 **Washington**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/05/1973 **02/24/1994**

4. FEI Number Applied For / Not Applicable
59-1443161

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. 120.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CARTER, JOEL T
RT. 1 BOX 207
CHIPLEY FL 32428**

10. Name and Address of New Registered Agent
81 Name **Carter Joel T.**
82 Street Address (P.O. Box Number is Not Acceptable) **2868 Tanner Rd.**
83
84 City **Chipley** FL 85 Zip Code **32428**

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 _____ DATE _____
(Signature, Full Name & printed name of registered agent and 1000-0100-0000) (NOTE: Registered Agent signature required upon registration.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, VICTORIA N	1. NAME	ST Carter, Victoria N.
STREET ADDRESS	RT. 1, BOX 207	1. STREET ADDRESS	2868 Tanner Rd.
CITY, ST, ZIP	CHIPLEY FL	1. CITY, ST, ZIP	Chipley, FL 32428
TITLE	P	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JOEL T	2. NAME	P. Carter, Joel T.
STREET ADDRESS	RT. 1, BOX 207	2. STREET ADDRESS	2868 Tanner Rd.
CITY, ST, ZIP	CHIPLEY FL	2. CITY, ST, ZIP	Chipley, FL 32428
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. 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 110.04(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 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.

SIGNATURE: *Victoria N. Carter* *Victoria N. Carter* **4-13-95 (604) 638-1707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Signature Filing #)