


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

**APPROVED AND FILED**

**95 APR 25 AM 8:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 555355 (7)**  
1. Corporation Name  
**WEST COAST FENCE CORP.**

Principal Place of Business: **6500 49TH STREET NORTH PINELLAS PARK FL 34665**  
Mailing Address: **6500 49TH STREET NORTH PINELLAS PARK FL 34665**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/14/1977</b>		3a. Date of Last Report <b>04/13/1994</b>	
4. FEI Number <b>59-1791816</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
5. This corporation has liability for intangible tax under U.S. 1193.0302, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For			
21				26				59-1791816				Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired				<input type="checkbox"/>			
22				27				6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>			
City & State				City & State				5. This corporation has liability for intangible tax under U.S. 1193.0302, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			
23				28				24				25			
Zip				Zip				Country				Country			
24				25				29				30			

9. Name and Address of Current Registered Agent  
**GAVAGHAN, THOMAS J  
9135 125TH ST NO  
SEMINOLE FL 33542**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVAGHAN, THOMAS J.	1.2 NAME	
STREET ADDRESS	9135 125TH ST NO	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVAGHAN, JOHN T	2.2 NAME	
STREET ADDRESS	8158 BAYSHORE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVAGHAN, CAROL H.	3.2 NAME	
STREET ADDRESS	9135 125TH ST. N	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 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, changed, or on an attachment with an address.

SIGNATURE:  **THOMAS J. GAVAGHAN**  
DATE: **4/29/95** EXPIRES: **4/11**