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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

L79043

(0)

DOCUMENT #

1. Corporation Name GPC OF WESTGATE, INC.



incipal Place of E	Business		Address								
150 MAGNOLIA AVE 150 MAGNOLIA AVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114			E 20114								
DAYTONA BEACH FL 32114		Di	MITIONA BEACH F	L 32114			3. Date Incorporated or Qua	lified 3a. [	Date of Last F		
							06/11/1990	1	05/01/	/199	5
			ding Add				4. FEI Number			Appl	lied For
Principal Place	of Business	<u></u>	ailing Address				58-1909425	-			Applicable
			Suite, Apt. #, etc.				5. Certificate of Status Desir	red 🔲	\$8.75 Additional		
Suite, Apt. #, 6	eiG.	27	, ,, 5.00								·
City & State			ty & State				Election Campaign Finan     Trust Fund Contribution	ncing 🔲			May Be Fees
City & State		28					Trust Fund Contribution  8. This corporation has liabi				
Zip	Country	Zır	р		Country		Florida Statutes	🗙 Yes 📙 N	lo .	_	
ה י	25	29		30	<del>- 1</del>		10. Name and Address of	New Registe	red Agent		
	9. Name and Address of Curi	rent Register	ea Agent		81	Name				_	_
							race /D.O. Pour Mirrobania Mad. A.	:centable)			
PALMET	tto charter services, I	NC.	•		82	Street Addr	ress (P.O. Box Number is Not A	ress (P.O. Box Number is Not Acceptable)			
150 MAGNOLIA AVE					83	ļ				_	-
DAYTO	NA BEACH FL 32114								<b>85</b>	Zıp C	Code
					84			=	FL [ ]		
	the provisions of Sections 607.0 d agent, or both, in the State of F	E00 - 1511	ISOR Florida Otto	utes the	above ·	named como	oration submits this statement for	r the purpose	of changing	its reg	pistered off gent. I am
SIGNATURE	Signature typed or printed name of registered a	agent and title it app	plicable.	(NOTE: Rogis	stered Age		red when reinstating! ADDITIONS/CHANGES	<u>-</u>	S AND DIREC	CTOR	S IN 12
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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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dev.

Dev.

Dev.

Dev.

810, 674,7131 Dayline Phone V