

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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97 JUN 27 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000084519**
1. Corporation Name
TOLIN WEST, INC.

Principal Place of Business Mailing Address
**8123 MEADOWVIEW PLACE
NEW PORT RICHEY, FL 34655**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11-3-95		3a. Date of Last Report 8-1-96	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FFI Number 59-3341874		Applied For Not Applicable	
23 Zip	25 Country	29 Zip	30 Country	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			

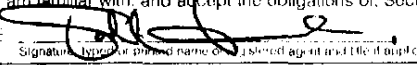
9. Name and Address of Current Registered Agent

**Amelia Lawyer
343 Almeria Ave.
Coral Gables, FL 33134**

10. Name and Address of New Registered Agent

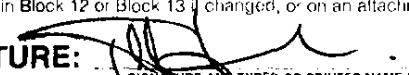
81 Name
TODD INDERMUEHLE
82 Street Address (P.O. Box Number is Not Acceptable)
8123 MEADOWVIEW PL.
83
84 City
NEW PORT RICHEY FL 85 Zip Code
34655

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 607.0506, Florida Statutes.

SIGNATURE:  **TODD INDERMUEHLE** DATE: **6/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TODD M. INDERMUEHLE	1.2 NAME	
STREET ADDRESS	8123 MEADOWVIEW PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	1.4 CITY-ST-ZIP	
TITLE	Sec. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LINDA R. INDERMUEHLE	2.2 NAME	
STREET ADDRESS	8123 MEADOWVIEW PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **TODD M. INDERMUEHLE** Date: **4-29-97** (813) 376-3944

CR2E034 (9/96)