

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V28950** (6)

1. Corporation Name  
**WEST WIND PROVISIONS, INC.**



Principal Place of Business: **1035 HARBOR LAKE DRIVE SAFETY HARBOR FL 34695 US**  
Mailing Address: **1728 POWDER RIDGE DRIVE PALM HARBOR FL 34683 US**

3. Date Incorporated or Qualified: **04/16/1992**  
3a. Date of Last Report: **02/08/1995**  
4. FEI Number: **59-3124490**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**HENNINGSEN, JOANN  
1035 HARBOR LAKE DRIVE  
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent

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

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME: <b>HENNINGSEN, JOANN</b>		2.2 NAME:	
3. STREET ADDRESS: <b>1728 POWDER RIDGE DRIVE</b>		3.3 STREET ADDRESS:	
4. CITY, STATE, ZIP: <b>PALM HARBOR FL</b>		4.4 CITY, STATE, ZIP:	
5. TITLE: <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME: <b>HENNINGSEN, BRADLEY J.</b>		6.2 NAME:	
7. STREET ADDRESS: <b>1728 POWDER RIDGE DRIVE</b>		7.3 STREET ADDRESS:	
8. CITY, STATE, ZIP: <b>PALM HARBOR FL</b>		8.4 CITY, STATE, ZIP:	
9. TITLE:	<input type="checkbox"/> DELETE	9.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME:		10.2 NAME:	
11. STREET ADDRESS:		11.3 STREET ADDRESS:	
12. CITY, STATE, ZIP:		12.4 CITY, STATE, ZIP:	
13. TITLE:	<input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME:		14.2 NAME:	
15. STREET ADDRESS:		15.3 STREET ADDRESS:	
16. CITY, STATE, ZIP:		16.4 CITY, STATE, ZIP:	
17. TITLE:	<input type="checkbox"/> DELETE	17.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME:		18.2 NAME:	
19. STREET ADDRESS:		19.3 STREET ADDRESS:	
20. CITY, STATE, ZIP:		20.4 CITY, STATE, 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 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: **Bradley J. Henry** → **2/12/96** **813 24-9161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)