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

REPORT FOR
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:31

DOCUMENT # P94000031141 (2)

1. Corporate Name
WEST FLORIDA MANAGEMENT, INC.

Principal Office
603 INDIAN ROCKS RD
BELLEAIR FL 34616-2056

Mailing Address
603 INDIAN ROCKS RD
BELLEAIR FL 34616-2056

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 04/25/1994
3a. Date of Last Report:

21 Principal Address: 4732 N DALE MABRY
22 Suite, Apt. #, etc.
23 City, State: TAMPA, FLORIDA
24 Zip: 33614
25 County:

26 Mailing Address: 4732 N DALE MABRY
27 Suite, Apt. #, etc.
28 City, State: TAMPA, FLORIDA
29 Zip: 33614
30 County:

4. FEI Number: 59-323-8103
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. Does corporation owe liability for intangible tax under § 199.032 Florida Statutes? X Yes ☐ No

9. Name and Address of Current Registered Agent
RUGGLES, THOMAS W
603 INDIAN ROCKS RD
BELLEAIR FL 34616-2056

10. Name and Address of New Registered Agent
01 Name: ENGELHARDT DANIEL A.
02 Street Address (P.O. Box Number is Not Acceptable): 4732 N DALE MABRY
03
04 City: TAMPA FL 05 Zip Code: 33614

11. Pursuant to the provisions of Sections 607.0505 and 607.0506 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 hereby accept the duties and responsibilities of this position under the Florida Statutes.

SIGNATURE: [signature] 15 May 95

12. OFFICERS AND DIRECTORS

D
RUGGLES, THOMAS W CHANGED
603 INDIAN ROCKS RD
BELLEAIR FL 34616-2056

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

P ☐ Change ☐ Addition
ENGELHARDT, DANIEL A.
4732 N DALE MABRY
TAMPA, FLORIDA 33614

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

REMITTED BY MAY 1

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on attached schedules with my name and address.

SIGNATURE: [signature] 4-27-95 813 877-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0356049 CP