## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT\# P15000092184
Entity Name: WEST FOREST AVENUE INDUSTRIAL, INC.

## Current Principal Place of Business:

1801 HERMITAGE BLVD STE 100
TALLAHASSEE, FL 32308

## Current Mailing Address:

1801 HERMITAGE BLVD STE 100
TALLAHASSEE, FL 32308
FEI Number: 47-5583635
Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE:
Electronic Signature of Registered Agent

## Officer/Director Detail :

| Title | D | Title | D |
| :--- | :--- | :--- | :--- |
| Name | SPOOK, STEPHEN A | Name | HAZEN, MAUREEN |
| Address | 1801 HERMITAGE BLVD STE 100 | Address | 1801 HERMITAGE BLVD STE 100 |
| City-State-Zip: | TALLAHASSEE FL 32308 | City-State-Zip: | TALLAHASSEE FL 32308 |
| Title | D | Title | VP |
| Name | TAYLOR, E. LAMAR | Name | GRAY, LYNNE M |
| Address | 1801 HERMITAGE BLVD STE 100 | Address | 1801 HERMITAGE BLVD STE 100 |
| City-State-Zip: | TALLAHASSEE FL 32308 | City-State-Zip: | TALLAHASSEE FL 32308 |
| Title | VP, SECRETARY | Title | PRESIDENT |
| Name | BURLAK, DAVE | Name | FARALDO, MARK P |
| Address | 1801 HERMITAGE BLVD STE 100 | Address | 8750 N CENTRAL EXPRESSWAY \#800 |
| City-State-Zip: | TALLAHASSEE FL 32308 | City-State-Zip: | DALLAS TX 75231 |
| Title | VP, ASST. SECRETARY | Title | VP, ASST. SECRETARY |
| Name | BURDI, THOMAS M | Name | CLINTON, BARBARA A |
| Address | 8750 N CENTRAL EXPRESSWAY \#800 | Address | 8750 N CENTRAL EXPRESSWAY \#800 |
| City-State-Zip: | DALLAS TX 75231 | City-State-Zip: | DALLAS TX 75231 |
|  |  | Continues | on page 2 |

[^0]SIGNATURE: MARK P. FARALDO
PRESIDENT
04/27/2017

## Officer/Director Detail Continued :

Title TREASURER, ASST. SECRETARY
Name HANSON, JENNIFER A
Address $\quad 8750$ N CENTRAL EXPRESSWAY \#800
City-State-Zip: DALLAS TX 75231


[^0]:    I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

