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CORPORATION
ANNUAL REPORT
1995

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

FILED

DOCUMENT # 392891 (8)

1. Corporation Name

WEST AND CONYERS ARCHITECTS AND ENGINEERS, INC.

Principal Place of Business
777 SOUTH PALM AVENUE
POST OFFICE - BOX 1539
SARASOTA FL 34230

Mailing Address
777 SOUTH PALM AVENUE
POST OFFICE - BOX 1539
SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 777 SOUTH PALM AVE.
Suite, Apt. #, etc.
22 SUITE 1
City & State
23 SARASOTA, FL
Zip 24 34236
Country 25 U.S.A.

2a. Mailing Address
26 777 SOUTH PALM AVE.
Suite, Apt. #, etc.
27 SUITE 1
City & State
28 SARASOTA, FL
Zip 29 34236
Country 30 U.S.A.

3. Date Incorporated or Qualified: 12/15/1971
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1379066 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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
WEST,DONALD JACK
777 S PALM AVE
SARASOTA FL 34230

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 34236

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEST, D.J.
STREET ADDRESS	6336 HOLLYWOOD BLVD.
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	CONYERS, A.L.
STREET ADDRESS	777 SOUTH PALM AVENUE
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 Sec. 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 the 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: Donald Jack West
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

1.14.95
Date

813 955 2341
Daytime Phone

DONALD JACK WEST, PRES., D.

C40024 FP